

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051196

1. Entity Name

MARIA W. RAO ARABIANS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90130 001 ***300.00

Principal Place of Business

503 VERONA STREET
KISSIMMEE FL 34741

Mailing Address

503 VERONA STREET
KISSIMMEE FL 34741

2. Principal Place of Business

1710 Peach St.

3. Mailing Address

1710 Peach St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34746

Country

Zip
34746

Country

4. FEI Number 59-3587229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'SHAUGHNESSY, ROSEMARIE
503 VERONA STREET
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)
1710 Peach St.

City

FL

Zip Code
34746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Rosemarie O'Shaughnessy

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS RAO, MARIA W
CITY-ST-ZIP 503 VERONA STREET
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1710 Peach St.
CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ Delete
NAME D
STREET ADDRESS O'SHAUGHNESSY, ROSEMARIE
CITY-ST-ZIP 2219 SYLVAN COURT
KISSIMMEE FL 34746

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1710 Peach St.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemarie O'Shaughnessy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-847-6461

4/20/01

CR2E034 (10/00)