

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068009

1. Entity Name

NASSAR TECHNOLOGIES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90064 006 ***150.00

Principal Place of Business

Mailing Address

3307 CLAY AVE.
ORLANDO FL 32804

3307 CLAY AVE.
ORLANDO FL 32779-3712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

435 RIVER ISLE CT

Suite, Apt. #, etc.

435 RIVER ISLE CT

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3592356

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

NASSAR, RAMZI
3307 CLAY AVE.
ORLANDO FL 32804

Name

RAMZI NASSAR

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

435 RIVER ISLE CT

City

LONGWOOD

FL

Zip Code

32779

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

RAMZI NASSAR President

(NOTE: Registered Agent signature required when reinstating)

03/16/2000

DATE

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, 2000 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 DP
NAME NASSAR, RAMZI
STREET ADDRESS 3307 CLAY AVE.
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE DP
NAME NASSAR, RAMZI
STREET ADDRESS 435 RIVER ISLE CT
CITY-ST-ZIP LONGWOOD, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2000

Date

407 774 3233

Daytime Phone #

CR2E034 (9/99)