

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104927

1. Entity Name

HOMAR HOLDING, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90285 007 \*\*\*150.00

Principal Place of Business

Mailing Address

5712 RIDGE CLUB LOOP #207  
ORLANDO FL 32839

5712 RIDGE CLUB LOOP #207  
ORLANDO FL 32839

2. Principal Place of Business

3. Mailing Address

8255 INT'L DR

8255 INT'L DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

124

124

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Zip

32819

Country

USA

Zip

32819

Country

U.S.A.

4. FEI Number

59-3613412

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

JAN, KHURSHED  
5712 RIDGE CLUB LOOP #207  
ORLANDO FL 32839

Name

JAN, KHURSHED

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

8255 INT'L DR # 124

City

ORLANDO

FL

Zip Code

32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	IOBAL, TARIQ	
STREET ADDRESS	5712 RIDGE CLUB LOOP #207	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAN, FAROOQ	
STREET ADDRESS	5712 RIDGE CLUB LOOP #207	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAN, KHURSHED	
STREET ADDRESS	5712 RIDGE CLUB LOOP #207	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (9/99)