

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90193 006 \*\*\*150.00

**DOCUMENT # P99000108770**

1. Entity Name  
**FISAC ENTERPRISES, INC.**



Principal Place of Business  
**5482 TOUCHSTONE DRIVE  
ORLANDO, FL 32819**

Mailing Address  
**5482 TOUCHSTONE DRIVE  
ORLANDO, FL 32819**

2. Principal Place of Business  
**5700 INT'L DR**

3. Mailing Address  
**5700 INT'L DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **ORLANDO, FL**

City & State **ORLANDO, FL**

Zip **32819**

Country **ORANGE**

Zip **32819**

Country **ORANGE**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0583388**

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  
5482 TOUCHSTONE DRIVE  
ORLANDO, FL 32819**

Name **TARIQ IQBAL**

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

**5700 INTERNATIONAL DR.,**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tariq Iqbal* (**TARIQ IQBAL**)

**04/28/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D. IGBAL, TARIO**  
STREET ADDRESS **6712 RIDGE CLUB LOOP #207**  
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tariq Iqbal* (**TARIQ IQBAL**)

**04/28/03 (407) 342 7024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)