

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90064 015 ***150.00

DOCUMENT # V19812

1. Entity Name

ORLANDO JAWAD INC.

Principal Place of Business

Mailing Address

100 W. 434
 FL 32750

100 W. 434
 LONGWOOD FL 32750
 US

2. Principal Place of Business

101 S. 17-92

3. Mailing Address

101 S. 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL.

City & State

LONGWOOD FL.

4. FEI Number

59-3119201

Applied For

Not Applicable

Zip

32750

Country

US

Zip

32750

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAWAD, ALI
 100 W. 434
 LONGWOOD FL 32755

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

change Address

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-2000

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

TITLE **D**
 NAME **JAWAD, ALI**
 STREET ADDRESS **100 W 434**
 CITY-ST-ZIP **LONGWOOD FL 32755**

☐ Delete

☒ *Change
 Address*

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ali Jawad**
 NAME **101 S. 17-92**
 STREET ADDRESS **Longwood, FL 32755**
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
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☐ 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

Ali Jawad.

Date

2-17-2000

Daytime Phone #

407-595-9744

CR2E034 (9/99)