

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33214

1. Entity Name
MO-NA ENTERPRISE OF ORLANDO, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90047 011 ***550.00

Principal Place of Business
~~1407 INTERNATIONAL DRIVE~~
~~ORLANDO FL 32819~~
~~US~~

Mailing Address
7345 SAND LAKE RD #412
ORLANDO FL 32819
US

2. Principal Place of Business
8200 World Center Dr

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32836

Country
USA

Zip

Country

4. FEI Number 59-3118873

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

PORTLOCK, DAVID R.
7345 SAND LAKE ROAD, #412
ORLANDO FL 32819

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VPD	<input type="checkbox"/> Delete
NAME	MAALI, MOHAMMAD M.	
STREET ADDRESS	6289 INDIAN MEADOW	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTLOCK, DAVID R	
STREET ADDRESS	7345 SAND LAKE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAALI, JAMIL	
STREET ADDRESS	9942 BAY VISTA ESTATES	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARGHUTHI, AHMED	
STREET ADDRESS	3225 WESLY CHAPEL RD	
CITY-ST-ZIP	DECATUR GA	
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	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00 407/352-7006
Date Daytime Phone #

CR2E034 (5/00)