

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44098

Entity Name: UNIVERSAL ACADEMY OF FLORIDA, INC.**Current Principal Place of Business:**6801 ORIENT ROAD
TAMPA, FL 33610**Current Mailing Address:**6801 ORIENT ROAD
TAMPA, FL 33610**FEI Number:** 59-3119396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KASSEM, GAMAL
6801 ORIENT ROAD
TAMPA, FL 33610 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	NIMER, MAHMOUD DR
Address	5040 WILLOW OAK ROAD LANE
City-State-Zip:	SPRING HILL FL 34607

Title	S
Name	KASSEM, GAMAL
Address	9206 PINE ISLAND CT
City-State-Zip:	TAMPA FL 33647

Title	D
Name	MUFTAH, AZZAM DR
Address	5378 BARCLAY AVE
City-State-Zip:	SPRING HILL FL 34609

Title	P
Name	MAHMALJI, GHIATH
Address	1225 BUCKHURST DR
City-State-Zip:	SPRING HILL FL 34609

Title	T
Name	KHALIL, ABDULSALAM
Address	13442 RUDI LOOP
City-State-Zip:	SPRING HILL FL 34607

Title	DIRECTOR
Name	JOUD, MOHAMMAD
Address	3382 ST. IVES BLVD
City-State-Zip:	SPRING HILL FL 34609

Title	DIRECTOR
Name	QUADEER, MOHAMMED
Address	10561 SAN TRAVASO DR
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	TARABISHY, EMAD
Address	14121 BASSINGTHORPE DR
City-State-Zip:	SPRING HILL FL 34609

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSAMA S KAYALI**CONTROLLER****02/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIASTI, SAM
Address 901 S. GOLF VIEW ST
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name SYED, DAWOOD
Address 20663 LONGLEAF PINE AVENUE
City-State-Zip: TAMPA FL 33647

Title COMPTROLLER
Name KAYALI & CO., P.A.
Address 13250 N 56TH ST., STE 102
City-State-Zip: TAMPA FL 33617