IN THE CIRCUIT COURT OF THE NINE	**
IN AND FOR	COUNTY, FLORIDA
	Case No.: 00-0R-8577
IN RE: THE NAME CHANGE OF	
,	
Petitioner.	
PETITION FOR CHANGE O	F NAME (ADULT)
I, {full legal name} Omar Mir Se	deque, being sworn, certify that
the following information is true:	
1. My complete present name is:	Mir Seddique
I request that my name be changed to:	r Mir Séddique Mateen
2. I live in Part st Lucie County, Florida, a	at {street address}
3. I was born on {date}, in {city}, state} \( \frac{1}{200} \) \(	NewHyd Pork, (county) Queens
{state} New York, {country}	11.5.7
4. My father's full legal name:Seddigue	Mateen.
My mother's full legal name:	la s. Mateen.
My mother's maiden name:	4
5. I have lived in the following places since birth:	
Dates (to/from) Address	Eloshine N. 7 /1367
1988 11991	West Sury Ny 11 547
1991/1999	Dort & the cit \$/93498
1444 4005 -	Disil 2/34982
of of of of	
' Check here if you are continuing these facts on a	n attached nage

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6.	Family
[√a]	I that apply]
	a. I am not married.
P é	b. I am married. My spouse's full legal name is:
	c. I do not have child(ren).
,Q.T	d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, includin
6	those over 18, must be listed):
	Name {last, first, middle initial} Age Address, City, State
	☐ Check here if you are continuing these facts on an attached page.
7. 0	Former names
[√a]	I that apply]
V	My name has never been changed by a court.
	My name previously was changed by court order from
	to on {date}
	by {court, city, and state}
	A copy of the court order is attached.
	My name previously was changed by marriage from
	to on {date}
	in {city, county, and state}
	A copy of the marriage certificate is attached.
	I have never been known or called by any other name.
20.	
TIPE :	I have been known or called by the following other name(s): {list name(s) and explain where you
EIPP C	
KIP <u>P</u>	I have been known or called by the following other name(s): {list name(s) and explain where you
KIPA e	I have been known or called by the following other name(s): {list name(s) and explain where you
KIRA e	I have been known or called by the following other name(s): {list name(s) and explain where you
8.	I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}
8.	I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}
8.	I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}  Occupation My occupation is:   Student
8.	I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}  Occupation My occupation is:
8.	I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)}  Occupation  My occupation is:   I am employed at: {company and address}  Tousen Reach II a a year I
8.	Occupation My occupation is:
8.	Occupation My occupation is:
8.	Occupation My occupation is:
8.	Occupation My occupation is:  I am employed at: {company and address}  During the past 5 years, I have had the following jobs:  Dates (to/from)  / 2.001  / 2.001    Saw Luck Wot following leave to the following said the fo
8.	Occupation My occupation is:  I am employed at: {company and address}  During the past 5 years, I have had the following jobs:  Dates (to/from)    Zool
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8.	Occupation My occupation is: I am employed at: {company and address}  During the past 5 years, I have had the following jobs:  Dates (to/from)  Employer, and, employer's address  / 2001  / 2001  / 2004  / 2004  Port St. Luck fil

Busin	ess
	e only]
V	I do not own and operate a business.
	I own and operate a business. The name of the business is:
	The street address is:
	My position with the business is:
	I have been involved with the business since: {date}
10.	Profession
[√oi	ne only]
1	I am not in a profession.
P	I am in a profession. My profession is:
ô	I have practiced this profession:
	Dates (to/from) Place and address
	□ Check here if you are continuing these facts on an attached page.
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F 11 -	29, 29, 29, 29, 29, 29, 29, 29, 29,
11.	Education
11.	Education I have graduated from the following school(s):
11.	Education I have graduated from the following school(s):  Degree Date of
11.	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School
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12.	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School  15 2003  Check here if you are continuing these facts on an attached page.  Felony Convictions
12. [√on	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School  A5 2003  Check here if you are continuing these facts on an attached page.  Felony Convictions e only]
12. [√on	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School  The Check here if you are continuing these facts on an attached page.  Felony Convictions e only]  I have never been convicted of a felony.
12. [√on	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School  Check here if you are continuing these facts on an attached page.  Felony Convictions  e only]  I have never been convicted of a felony.  I was convicted of a felony on {date}, in {city}
12. [√on	Education  I have graduated from the following school(s):  Degree Date of Received Graduation School  Check here if you are continuing these facts on an attached page.  Felony Convictions  only]  I have never been convicted of a felony.  I was convicted of a felony on {date}
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14. Creditor(s)' Judgments  [√ one only]  I have never had a money judgment entered against me by a creditor.  The following creditor(s)' money judgment(s) have been entered against me:  Date Amount Creditor Court entering judgment and case number √ if  □ Check here if these facts are continued on an attached page.  15. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any me invade the property rights of others, whether partnership, patent, good will, privacy, trademar otherwise.  16. My civil rights have never been suspended, or, if my civil rights have been suspended, they been fully restored.  I understand that I am swearing or affirming under oath to the truthfulness of the claims in this petition and that the punishment for knowingly making a false statement includes fines are imprisonment.  Dated: 8 10 06  Signature or Petitioner Printed Name: Office Row School and Country Of St. Lucie			at at		
I have never had a money judgment entered against me by a creditor.  The following creditor(s)' money judgment(s) have been entered against me:  Date Amount Creditor Court entering judgment and case number √ if  Check here if these facts are continued on an attached page.  15. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any mainvade the property rights of others, whether partnership, patent, good will, privacy, trademand otherwise.  16. My civil rights have never been suspended, or, if my civil rights have been suspended, they been fully restored.  I understand that I am swearing or affirming under oath to the truthfulness of the claims in this petition and that the punishment for knowingly making a false statement includes fines an imprisonment.  Dated: Signature of Petitioner Printed Name: Office Address:  City, State, Zip: Path St. Luck Ft. 3498  Telephone Number:  Fax Number:  STATE OF FLORIDA	14.	~ ~ ~	ents		
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### NOTICE OF LIMITATION OF SERVICES PROVIDED Fia.Fam.L.R.P. 12.750(h)

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT.

SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A FAMILY CASE.

THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES REGARDING CHILDREN, CHILD SUPPORT, ALIMONY, RETIREMENT OR PENSION BENEFITS, ASSETS, OR LIABILITIES.

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ACKNOWLEDGMENT	
PLEASE COMPLETE THE FOLLOWING PARAGRAPH. FILE THE SIGNED DOCUMENT WITH OF COURT.	THE CLER
VI CAN READ ENGLISH.	(3) (3) (4)
i CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY  [NAME] Omar Hir Seddigue in [LANGUAGE] English  I Omar Mir Seddigue (name) do acknowledge)	د دe that I h
read this Notice of Limitation of Services Provided. I have received an expla	
Notice of Limitation of Services Provided and I understand the limitation of provided. I understand that it is in my best interest to secure an attorney to	represent
interest in this case. I understand that this form must be signed and filed w	ith the Clo
before the Self-Help coordinator may provide services to me.	
Date 8/8/06	The The
Case No.: 00-08-2577 Signature	0'

### CIVIL COVER SHEET

CASE STYLE

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	Dissolution	AP.
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	UIFSA	
	Domestic Violence	
	Modification	
	Adoption Name Change	
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		Respondent.	<u> </u>		
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RESPO	ONDENT:				
DOB:	(Last)	- AP	(First) Relationship to	(MI) Petitioner:	(Maiden)
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	VING INFORMATION MUST BE COMPLETED (choose one):
□ I <u>do</u> 1	not wish to coordinate any of the litigation in any related case(s) listed above with this case. Please note
that the	e court may decide to coordinate your case for judicial economy and better service for the litigants.
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I UNDERSTAND THAT I HAVE A CONTINUING DUTY TO INFORM THE COURT OF ANY PROCEEDINGS IN THIS OR ANY OTHER STATE THAT COULD AFFECT THE CURRENT PROCEEDINGS.

, assisted	who is the Petitioner who, filled
out this form.	
CERTIFICA	TE OF SERVICE
I HEREBY CERTIFY that a copy of the forego	oing has been delivered to the following persons (√ only one)
by mail, or hand delivery, or fax, or via Courthouse box	
Party to this case or their attorney	Party to this case or their attorney
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Fax Number:	Fax Number:
□ mail, □ hand delivery, □ fax, □ Courthouse box	□ mail, □ hand delivery, □ fax, □ Courthouse box
Party to related case or their attorney	Party to related case or their attorney
Name:	Name:
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Presiding Judge in this case	Administrative Family Judge
The Honorable:	The Honorable Paul B. Kanarek
Address:	A CALL OF THE PARTY OF THE PART
	Vero Beach, Fl 32960
City, State, Zip:	□ mail, □ hand delivery, □ fax, □ Courthouse box
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Dated 8-19-06	(Signature of Petitioner/Respondent or Attorney)
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# IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR ST. LUCIE COUNTY, STATE OF FLORIDA

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TO:	Omar Mir Sedd	ique						No I
	Port St. Lucie,	FL 34983			et e			
PLEASI	E TAKE NOTICE	E that on <b>T</b>	hursday,	Septen	ber 14, 20	06 at 2:00	p.m., a fina	l hearing
will be h	neld before the H	Ionorable I	3arbara W	/. Bronis	, Circuit Ju	dge, in Co	urtroom "H",	St. Lucie
County	Courthouse,		F	t. Pierc	e, Florida, d	on the follo	owing:	
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NOTICE TO PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Dianna Cooper, Court Administration, 229 Courthouse Addition, 218 South Second Street, Fort Pierce, FI 34950, 1-772-462-1472 within 2 working days of receipt of this document; if you are hearing or voiced impaired call 1-800-955-8771.



CLERK: MISSY BRINKER

JUDGE: BARBARA BRONIS

DATE: SEPTEMBER 14, 2006

### PRO SE

#### PAGE I CONT ORDR **EVID** ATTY TO JUDG NO **MOTION PARTIES** CASE # SHOW TO SIGD **ENCE** TO SUB SUB 06-DR-2454 NAME **CHANGE** NAME 06-DR-2580 **CHANGE** SEDDIQUE NAME OF-DR-2577 **CHANGE** o6-DR-759 CMC/DOM DOM 06-DR-2701 93-1583-FR04 PRIMARY RESIDENCE 06-DR-2597 DOM 06-DR-2280 DOM VISITATION 97-1993-FR 06-DR-2440 ADOPTION CMC/DOM 06-DR-243

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## IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR ST. LUCIE COUNTY, STATE OF FLORIDA

In Re: Name Change:	Case No. 06-DR-2577				
OMAR MIR SEDDIQUE, Petitioner.					
40. 40. 40. 4	20 / 20				

### FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

THIS CAUSE having come before the Court on September 14, 2006, for a hearing on the Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

- A. Petitioner is a bona fide resident of St. Lucie County, Florida;
- B. Petitioner's request is not for any ulterior or illegal purpose and granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is thus

#### ORDERED AND ADJUDGED

 That Petitioner's name is changed from Omar Mir Seddique to OMAR MIR SEDDIQUE MATEEN, by which Petitioner shall hereafter be known.

DONE AND ORDERED at Ft. Pierce, St. Lucie County, Florida this 14<sup>th</sup> day of, September, 2006.

BARBARA W. BRONIS CIRCUIT JUDGE

Copy furnished to: Omar Mir Seddique Mateen,

Port St. Lucie, Florida 34983

EDWIN M. FRY, Jr., CLERK OF THE CIRCUIT COURT SAINT LUCIE COUNTY
FILE # 2936377 09/29/2006 at 10:55 AM
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