

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 06-DR-2577

IN RE: THE NAME CHANGE OF

Petitioner.

FILED IN FAMILY LAW
 CLERK OF THE CIRCUIT COURT
 2005 NOV 14 PM 2:35

PETITION FOR CHANGE OF NAME (ADULT)

I, {full legal name} Omar Mir Seddique, being sworn, certify that the following information is true:

- My complete present name is: Omar Mir Seddique
I request that my name be changed to: Omar Mir Seddique Mateen
- I live in Port St Lucie County, Florida, at {street address} _____
490 NW Dover Ct Port St Lucie FL 34983
- I was born on {date} 11-16-86, in {city} NewHydPark^I, {county} Queens
{state} New York, {country} U.S.A
- My father's full legal name: Seddique Mir Mateen
My mother's full legal name: Shahla S. Mateen
My mother's maiden name: Shahla Anwar

5. I have lived in the following places since birth:

Dates (to/from)	Address
<u>Nov-86 / 1988</u>	<u>73-07 153 St Flushing N.Y. 11367</u>
<u>1988 / 1991</u>	<u>44 Land Lane Westbury Ny 11597</u>
<u>1991 / 1999</u>	<u>1482 Grapeland Ave Port St Lucie FL 34984</u>
<u>1999 / 2005</u>	<u>664 NW Stanford Lane Port St Lucie FL</u>
<u>2005 / 2006</u>	<u>490 NW Dover Ct P.S.L. FL 34983</u>
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Check here if you are continuing these facts on an attached page.

6. **Family**

[all that apply]

- a. I am not married.
- b. I am married. My spouse's full legal name is: _____
- c. I do not have child(ren).
- d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, including 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. **Former names**

[all that apply]

- 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.
- 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. **Occupation**

My occupation is: Student
 I am employed at: {company and address} GNC Treasure Coast Mall Jensen Beach FL 34957 part time

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
12006	Hollister Treasure Coast Mall Jensen Beach FL
12005	Gold's Gym Saint Lucie West FL
12005	Nutrition World Fort Pierce FL
12004	Walsvaens Port St. Lucie FL
12004	Chick FilA Jensen Beach FL
12003	Circuit City Jensen Beach FL
12002	Publix Palm City FL

Check here if you are continuing these facts on an attached page.

Business

[one only]

- 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

[one only]

- I am not in a profession.
- I am in a profession. My profession is: _____
 I have practiced this profession:

Dates (to/from)	Place and address
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

Check here if you are continuing these facts on an attached page.

11. Education

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
AS	2006	IRCC
HS	2003	Martin County Adult Vocational School

Check here if you are continuing these facts on an attached page.

12. Felony Convictions

[one only]

- I have never been convicted of a felony.
- I was convicted of a felony on {date} _____, in {city} _____, {county} _____, {state} _____.

Check here if you have been convicted of additional felonies, and explain on an attached page.

13. Bankruptcy

[one only]

- I have never been adjudicated bankrupt.
- I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

Check here if you have filed additional bankruptcies, and explain on an attached page.

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 Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

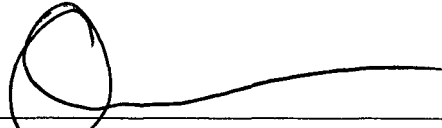
Check here if these facts are continued on an attached page.

15. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

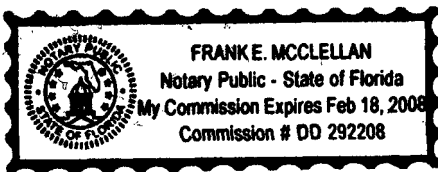
I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

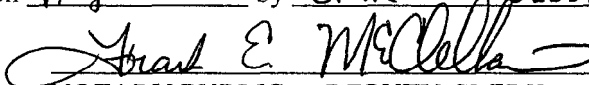
Dated: 8/10/06


 Signature of Petitioner
 Printed Name: Omar mir Seddique
 Address: 440 Dyer CT
 City, State, Zip: Port St. Lucie FL 34983
 Telephone Number: (772) 486-9225
 Fax Number: _____

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to or affirmed and signed before me on August 10th 2006 by OMAR MIR SEDDIQUE




 NOTARY PUBLIC or DEPUTY CLERK

Frank E. McClellan
 [Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known
 Produced identification
 Type of identification produced FL DL
5320-653-46-416-0

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW:** [fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the petitioner, fill out this form.

NOTICE OF LIMITATION OF SERVICES PROVIDED
Fla.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.

ACKNOWLEDGMENT

PLEASE COMPLETE THE FOLLOWING PARAGRAPH. FILE THE SIGNED DOCUMENT WITH THE CLERK OF COURT.

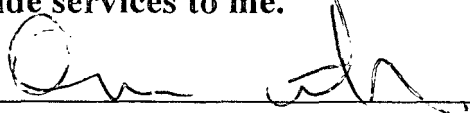
I CAN READ ENGLISH.

I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY

[NAME] Omar Mir Seddique IN [LANGUAGE] English

I Omar Mir Seddique {name} do acknowledge that I have read this Notice of Limitation of Services Provided. I have received an explanation of the Notice of Limitation of Services Provided and I understand the limitation of the services provided. I understand that it is in my best interest to secure an attorney to represent my interest in this case. I understand that this form must be signed and filed with the Clerk before the Self-Help coordinator may provide services to me.

Date 8/8/06


Signature

Case No.: 06-DR-2577

Signature

1 COURT
90 B
1000
1000

CIVIL COVER SHEET

I. CASE STYLE

CIRCUIT COURT

Case #: 06-DR-2577

Petitioner Omar Mir Seddique

Judge: _____

vs.

Respondent Omar Mir Seddique Mateen

II. TYPE OF CASE: (Place an "x" in one box only. If the case fits more than one type of case, select the one that best fits.)

Domestic Relations

- Simplified Dissolution
- Dissolution
- Support - IV-D
- Support - non IV-D
- UIFSA
- Domestic Violence
- Modification
- Adoption
- Name Change
- Other Domestic Relations

2005/03/14 PM 2:32
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

DATE 8/10/04

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY INITIATING ACTION:

[Handwritten Signature]

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

Omara Mir Seddique
Petitioner,

v.

Case No.: 06-DR-2577

Respondent.

NOTICE OF RELATED CASES

PETITIONER:

Name: _____
(Last) (First) (MI) (Maiden)
DOB: _____ Relationship to Respondent: _____

RESPONDENT:

Name: _____
(Last) (First) (MI) (Maiden)
DOB: _____ Relationship to Petitioner: _____

RECORDED IN 11-20-06
FILED IN 11-20-06
COURT CLERK'S OFFICE
TALLAHASSEE, FLORIDA

MINOR CHILD(REN) OF ANY OF THE ABOVE PARTIES:

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

Name: _____ Date of Birth: _____
This child's parent or parents are: []Petitioner []Respondent

RELATED CASE(S) INFORMATION:

- There are no related cases.
- I am aware of the following case(s) which are or may be related to the current case (see listed below)

Case Type: []Dissolution of Marriage []Child Support []Paternity []CINS/FINS
[]UIFSA(interstate child support) []Juvenile Dependency [] Juvenile Delinquency
[]Domestic/repeat/dating/sexual violence injunction []Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

- Relationship of cases (select appropriate statements(s))
- pending case involves same parties, children, or issues;
 - may affect court's jurisdiction;
 - order in related case may conflict with an order in instant case;
 - order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Case Type: [] Dissolution of Marriage [] Child Support [] Paternity [] CINS/FINS
 [] UIFSA(interstate child support) [] Juvenile Dependency [] Juvenile Delinquency
 [] Domestic/repeat/dating/sexual violence injunction [] Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

Relationship of cases (*select appropriate statements(s)*)
 pending case involves same parties, children, or issues;
 may affect court's jurisdiction;
 order in related case may conflict with an order in instant case;
 order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Case Type: [] Dissolution of Marriage [] Child Support [] Paternity [] CINS/FINS
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 [] Domestic/repeat/dating/sexual violence injunction [] Other: _____

Case Name: _____ Case #: _____
(e.g., Smith v. Jones; In RE: The Matter of Baby Smith, etc.)

Where was it filed? _____ Date filed: _____
(County/State)

Relationship of cases (*select appropriate statements(s)*)
 pending case involves same parties, children, or issues;
 may affect court's jurisdiction;
 order in related case may conflict with an order in instant case;
 order in instant case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED (choose one):

- I do not wish to coordinate any of the litigation in any related case(s) listed above with this case. *Please note that the court may decide to coordinate your case for judicial economy and better service for the litigants.*
- I do wish to coordinate the litigation in the following case(s):

Case Name: _____ Case#: _____

Case Name: _____ Case#: _____

Case Name: _____ Case#: _____

If you decided to coordinate the litigation, please answer the following:

Will an assignment of the case(s) listed above to one judge or another method of coordination help to conserve judicial resources (i.e., time and/or money), prevent conflicting court orders, and allow for the speedy resolution of these related matters?

- Yes No I don't know
-
-

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.

IF A NON-LAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

I, Omar oliv Seddeque, a non-lawyer, located at _____, assisted _____ who is the Petitioner who, filled out this form.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been delivered to the following persons (✓ only one) by mail, or hand delivery, or fax, or via Courthouse box this _____ day of _____, 200__.

Party to this case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Party to this case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Party to related case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Party to related case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box


Party to related case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Party to related case or their attorney
Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Presiding Judge in this case
The Honorable: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
 mail, hand delivery, fax, Courthouse box

Administrative Family Judge
The Honorable Paul B. Kanarek
2000 16th Avenue, Suite 375
Vero Beach, Fl 32960
 mail, hand delivery, fax, Courthouse box

Dated 8-14-06


(Signature of Petitioner/Respondent or Attorney)
Printed Name: Omar Oliv Seddeque
Address: 490 NW Dover Ct
City: Port St Lucie Fl 34983
State, Zip: _____
Telephone Number: 772-486-9225
Fla. Bar No. _____

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

In Re: The Name Change of:

OMAR MIR SEDDIQUE,
Petitioner.

Case No. 06-DR-2577

2006 SEP -7 PM 1:52

EDWIN M. FRY, JR.
CLERK OF CIRCUIT COURT
ST. LUCIE COUNTY, FL

ORDER SCHEDULING FINAL HEARING

TO: Omar Mir Seddique
490 Dover Court
Port St. Lucie, FL 34983


PLEASE TAKE NOTICE that on **Thursday, September 14, 2006 at 2:00 p.m.**, a final hearing will be held before the Honorable Barbara W. Bronis, Circuit Judge, in Courtroom "H", St. Lucie County Courthouse, 218 S. Second Street, Ft. Pierce, Florida, on the following:

Petition for Change of Name.

FAILURE TO APPEAR COULD RESULT IN A DISMISSAL OF THIS ACTION.

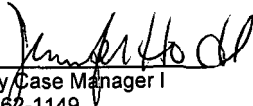
PLEASE ACT ACCORDINGLY.

DONE AND ORDERED in Fort Pierce, St. Lucie County, Florida, this 1 day of September, 2006.



BARBARA W. BRONIS
Circuit Judge

I HEREBY CERTIFY that on 9/1, 2006, a conformed copy of this Order Scheduling Hearing was furnished to (X) Petitioner by first class mail, postage prepaid, at the above address.



Family Case Manager I
772-462-1149

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, FL 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.

31

CLERK: MISSY BRINKER
JUDGE: BARBARA BRONIS
DATE: SEPTEMBER 14, 2006

PRO SE

PAGE 1

CASE #	PARTIES	MOTION	ORDR SIGD	EVID ENCE	ATTY TO TO SUB	JUDG TO SUB	CONT	NO SHOW
06-DR-2454	COLBERT	NAME CHANGE						
06-DR-2580	TYRE	NAME CHANGE						
✓ 06-DR-2577	SEDDIQUE	NAME CHANGE	X					
06-DR-759	SAUCHELLI	CMC/DOM						
06-DR-2701	ULLERY	DOM						
93-1583-FR04	MCNAIR THOMAS	PRIMARY RESIDENCE						
06-DR-2597	HOWARD PATTERSON	DOM						
06-DR-2280	PELON	DOM						
97-1993-FR	CAMPBELL RICHARDSON	VISITATION						
06-DR-2440	DIAGLE	ADOPTION						
06-DR-243	SEARS	CMC/DOM						

Mr. Present.

Granted

K

FAMILY RELATIONS

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.

FILED
ST. LUCIE COUNTY FLORIDA
SEP 19 2006

FINAL JUDGMENT OF CHANGE OF NAME
(ADULT)

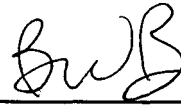
THIS CAUSE having come before the Court on September 14, 2006, for a hearing on the Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

- 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

1. 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 14th day of, September, 2006.



BARBARA W. BRONIS
CIRCUIT JUDGE

Copy furnished to:
Omar Mir Seddique Mateen, 490 Dover Court, 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
OR BOOK 2667 PAGE 1469 - 1469 Doc Type: FJDG

DT