

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F23847**

1. Entity Name

**FLORIDA FOOD SERVICES EQUIPMENT AGENTS, INC.**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90019 012 \*\*\*150.00

Principal Place of Business 10400 GRIFFIN RD. COOPER CITY FL 33328 US	Mailing Address 10400 GRIFFIN RD. COOPER CITY FL 33328-3337 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10400 GRIFFIN Rd. Suite, Apt. #, etc. Suite 109 City & State Cooper City, FL Zip 33328 Country USA	3. Mailing Address 10400 GRIFFIN Rd. Suite, Apt. #, etc. Suite 109 City & State Cooper City, FL Zip 33328 Country USA
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4. FEI Number **59-2085653** | Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GALBUT, RUSSELL W**  
**999 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Edgar Shaheen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10400 GRIFFIN Rd.**  
 Suite 109  
 City **Cooper City** FL Zip Code **33328**

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  **Ed Shaheen President** DATE **1-17-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>SHAHEEN, EDGAR</b> <b>11804 S.W. 43RD ST.</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAHEEN, EDGAR</b> <b>11804 S.W. 43RD ST.</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHAHEEN, SUSAN</b> <b>11804 S.W. 43RD ST.</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Ed Shaheen** DATE **1/17/2000** Daytime Phone # **954-252-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR