## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # L13199** SAIEH INVESTMENTS INC. 05-01-2000 90490 013 \*\*\*150.00 Mailing Address Principal Place of Business 9210 NE 2ND AVE 9210 NE 2ND AVENUE MIAMI SHORES FL 33138-2805 MIAMI SHORES FL 33138 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0142471 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAIEH, MAHER Street Address (P.O. Box Number is Not Acceptable) 9210 NE 2ND AVE MIAMI SHORES FL 33138 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE SAIEH, YAMILE NAME 9210 NE 2ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Addition SD Change TITLE □ Delete TITLE SAIEH, MAHER NAME NAME STREET ADDRESS 9210 NE 2ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition