

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40809

1. Entity Name

PEACE FOR LEBANON, INC.

Principal Place of Business

7461 SW 174TH STREET
MIAMI FL 33157

Mailing Address

7282 SIDONIA COURT
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ELIAS, JOHN
15225 NW 77 AVE, #202
MIAMI LAKES FL 33014

4. FEI Number 58-1977663

Applied For
☒ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERGAN, LEILA 6036 COLLINS AVE #1724 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHEBLI, NAJAT 12460 SW 106 TERR MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAROUN, LUCILLE 8271 SW 87 TERR MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KHOURI, DALAI 6100 N KENDALL MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GADDALA-MARIA, PIERRETTE 5824 SW 131 TERR MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIMER, VIRGINIA 705 SUNSET DR CORAL GABLES FL 33143	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mrs. Josephine Korge 840 SW 22 Rd. Miami FL. 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rose-Marie Sabga 7875 Mandarin Dr. Boca Raton, FL. 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rose Meshaka 3823 SW 168 Terr. Miramar, FL. 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Mrs. Pierrette Gaddala-Maria 5824 SW 131 Terr. Miami, FL. 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Mrs. Dalal Khouri 6100 N. Kendall Dr. Miami, FL. 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Mrs. Virginia Nimer 705 Sunset Dr. Coral Gables, FL. 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (305) 856-4863

Date Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91598 041 ****61.25

B0083108



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)