

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2000 90020 017 \*\*\*\*61.25

**DOCUMENT # N41744**

1. Entity Name

**AMERICAN LEBANESE ENGINEERING SOCIETY, INC.**

Principal Place of Business 3700 34TH ST 3RD FLOOR ORLANDO FL 32805 US	Mailing Address 3700 34TH ST 3RD FLOOR ORLANDO FL 32805-6626 US
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910004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3058418**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARB, A. TOM**  
**3300 34TH STREET**  
**3RD FLOOR**  
**ORLANDO FL 32805**

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:**  
**FE 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARB, AMINE</b>	
STREET ADDRESS	<b>9025 BALMORAL MEWS SQUARE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RACHDAN, BOUTROS</b>	
STREET ADDRESS	<b>6028 WINDOVER DR #C</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEBAALI, SAM</b>	
STREET ADDRESS	<b>612 GLENVIEW DR</b>	
CITY-ST-ZIP	<b>WINTER GDNS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMM, JEAN</b>	
STREET ADDRESS	<b>9932 SWEEPSTAKES LN #3</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARB, A. TOM</b>	
STREET ADDRESS	<b>3051 BIRD LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1.24.00*  
 DATE

Daytime Phone #