

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012433

1. Entity Name

LAHOUD ENTERPRISES, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90165 011 ***150.00

Principal Place of Business

1450 MADRUGA AVE.
SUITE 400
CORAL GABLES FL 33146
US

Mailing Address

1450 MADRUGA AVE.
SUITE 400
CORAL GABLES FL 33146
US

2. Principal Place of Business

250 BIRD ROAD

3. Mailing Address

250 BIRD ROAD

Suite, Apt. #, etc.

#320

Suite, Apt. #, etc.

#320

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

4. FEI Number

65-0485677

Applied For

Not Applicable

Zip

33146

Country

DADE

Zip

33146

Country

DADE

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

LAHOUD, JAD N

1450 MADRUGA, AVENUE #400

CORAL GABLES FL 33146

Name

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

250 BIRD ROAD

#320

City

CORAL GABLES

FL

Zip Code

33146

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAHOUD, JAD N
STREET ADDRESS 1450 MADRUGA AVE., STE 400
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE PD
NAME LAHOUD, JAD N.
STREET ADDRESS 250 BIRD ROAD, #320
CITY-ST-ZIP CORAL GABLES, FLORIDA 33146

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAD N. LAHOUD

4/16/01

Date

(305) 444-6061

Daytime Phone #

CR2E034 (10/00)