

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90056 005 ***150.00

DOCUMENT # P98000027236

1. Entity Name
SAM & HALA WASEF ENTERPRISE, INC.

Principal Place of Business 258 WOODLAKE WYNDE OLDSMAR FL 34677	Mailing Address 258 WOODLAKE WYNDE OLDSMAR FL 34677-2182
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2. Principal Place of Business 27001 US HWY 19 N	3. Mailing Address 1064 Pepperridge Dr.
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Suite, Apt. #, etc.
2085 Countryside Mall

City & State Clearwater, FL	City & State Palm Harbor, FL
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Zip 33761	Country	Zip 34683	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499457	Applied For <input type="checkbox"/> Not Applicable
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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

**WASEF, SAMIR
258 WOODLAKE WYNDE
OLDSMAR FL 34677**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
	1064 Pepperridge Drive	Palm Harbor	FL	34683

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 _____
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WASEF, SAMIR			NAME		
STREET ADDRESS 258 WOODLAKE WYNDE			STREET ADDRESS 1064 Pepperridge Drive		
CITY-ST-ZIP OLDSMAR FL 34677			CITY-ST-ZIP Palm Harbor, FL 34683		
TITLE VP	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WASEF, HALA			NAME		
STREET ADDRESS 258 WOODLAKE WYNDE			STREET ADDRESS 1064 Pepperridge Drive		
CITY-ST-ZIP OLDSMAR FL 34677			CITY-ST-ZIP Palm Harbor, FL 34683		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Sam Wasef **3-15-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)