

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 005 ***150.00

DOCUMENT # P98000083929

1. Entity Name

MARYHAM, INC.

Principal Place of Business

Mailing Address

~~CLEARWATER MALL~~
~~20505 US HWY 19 N., SPACE #148 (E-13)~~
~~CLEARWATER FL 33764~~

CLEARWATER MALL
20505 US HWY 19 N., SPACE #148 (E-13)
CLEARWATER FL 33764-7303

2. Principal Place of Business

3101 66TH Street North
Suite, Apt. #, etc.

3. Mailing Address

3101 66TH Street North
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

Country

33710

City & State

St. Petersburg, FL

Zip

Country

33710

4. FEI Number

59-3533712

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

AKHNOUKH, AMANY ADLY
CLEARWATER MALL
20505 US HWY 19 N., SPACE #148 (E-13)
CLEARWATER FL 33764

Name

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

3101 66TH Street North

City

St. Petersburg

FL

Zip Code

33710

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

Amany Akhnoukh

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, 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
NAME	AKHNOUKH, AMANY ADLY	
STREET ADDRESS	20505 US HWY 19 N SPACE 148 2986 Shannon Cr	
CITY-ST-ZIP	CLEARWATER FL 33764 Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2986 Shannon Circle	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	VP/Tr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKHNOUKH, AKHNOUKH A	
STREET ADDRESS	2986 Shannon Circle	
CITY-ST-ZIP	Palm Harbor, FL 34684	
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
NAME		
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.

SIGNATURE:

Amany Akhnoukh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00 (813) 343-8424

Date

Daytime Phone #

CR2E034 (9/99)