

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90051 024 ***150.00

DOCUMENT # S50453

1. Entity Name

MANSOUR INDUSTRIES, INC.

Principal Place of Business

Mailing Address

201 N WESTSHORE BLVD
 TAMPA FL 33609
 US

201 N WESTSHORE BLVD
 TAMPA FL 33609-1917
 US

2. Principal Place of Business

3. Mailing Address

1902 W. Kennedy Blvd.
 Suite, Apt. #, etc.
Tampa FL 33606
 City & State

1902 W. Kennedy Blvd.
 Suite, Apt. #, etc.
Tampa FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3053728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **33606**

Country **Hillsbor.**

Zip **33606**

Country **Hillsbor.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSOUR, JAMAL
~~201 WESTSHORE BLVD~~ **1902 W. Kennedy Blvd.**
~~TAMPA FL 33609~~ **TAMPA FL 33606**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	MANSOUR, JAMAL	201 N WESTSHORE BLVD 1902 W. Kennedy Blvd	TAMPA FL 33609 33606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

Jamal Mansour
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00
 Date

(813) 258-6691
 Daytime Phone #