2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

O'BRIEN FL 32071

27011 CR 137

F01000004833 **DOCUMENT#**

1. Entity Name

27011 CR 137

O'BRIEN FL 32071

Principal Place of Business

FAYRUZE INTERNATIONAL IMPORT & EXPORT, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

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2. Principal F	Place of Business	3. Mailing Address				T TOURING THE BURET FLOW BOOKS ONLY BOOKS BOOKS BOOKS OF BURET HEIGH THEO THE TERM			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e .	City & State			4 . F	El Number 11-3282813	⊢	oplied For ot Applicable	
Zip	Country Zip Cou		Country	у .	5. (Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
4"				Name					
HASSAN, KASSEM_S					0				
27011 CR 137					-Street Address (P.O. Box Number is Not Acceptable)				
O'BRIEN			-						
OUNILIN	1 L 3207 1								
				City FL Zip Code					
8. The above	named entity submits this statement	for the ourpose of changing its	registered	office or regis	tered and	ent, or both, in the State of Florida: Ta		and accent	
the obligat	ions of registered agent.	for the purpose of changing its	s registered	romee or regis	stered agr	ent, or both, in the State of Florida. Ta	iii ianiiiiai wiini	and accept	
	, ,								
SIGNATURE .	Signature, typed or printed name of registered age								
	Signature, typed or printed name of registered age	int and the if applicable. (NOT	E: Hegistered A	Agent signature requ	iirea when re	instating) DATI	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		AD	L DITIONS/CHANGES TO OFFICERS A	ND DIBECTOR	S IN 11	
TITLE	CD	☐ Delete	TITLE	·			☐ Change	Addition	
NAME	HASSAN, KASSEM S	_ Duicit	NAME				Gridings		
STREET ADDRESS	27011 CR 137			ADDRESS					
CITY-ST-ZIP	O'BRIEN FL		CITY-S						
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.