

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90048 025 ***150.00

DOCUMENT # F09838

1. Entity Name

SINBAD PAINTING & CARPENTER COMPANY

Principal Place of Business

706 SHARAR AVE
OPA LOCKA FL 33054

Mailing Address

706 SHARAR AVE
OPA LOCKA FL 33054-3334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0046171**

Applied For
Not Applied

Zip

Country

Zip

Country

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

RAAD, ADEL
706 SHARAR AVE.
OPA LOCKA FL 33054

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **RAAD, ADEL**
CITY-ST-ZIP **706 SHARAR AVE.**
OPA LOCKA FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAAD, CHARAF**
CITY-ST-ZIP **706 SHARAR AVE.**
OPA LOCKA FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAAD, MOHAMAD**
CITY-ST-ZIP **706 SHARAR AVE.**
OPA LOCKA FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KASSAM, RAAD**
CITY-ST-ZIP **900 SHARAR AVE**
OPA LOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00