

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000129

1. Entity Name

ECAD FLORIDA CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90326 050 \*\*\*150.00

Principal Place of Business

7310 CHERRY LAKE RD.  
GROVELAND FL 34736

Mailing Address

7310 CHERRY LAKE RD.  
GROVELAND FL 34736-9554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3640036

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

ELDIFRAWI, AHMED DR  
16650 ROYAL PALM DR  
GROVELAND FL 34736

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	ELDIFRAWI, AHMED DR	16650 ROYAL PALM DR	GROVELAND FL	<input type="checkbox"/>
D	ABDEL-HAMEED, FATHI DR	2013 BUTLER BAY DR	ORLANDO FL	<input type="checkbox"/>
D	ZAKI, KARIM DR	50 KORNISH EL NILE	CAIRO EGYPT	<input type="checkbox"/>
D	ELDIFRAWY, AMANY A MS	5802 NICHOLSON LANE	ROCKVILLE MD	<input type="checkbox"/>
D	HASHIM, ELMAHDALY D	IEC P O BOX 7518 N/A	RIYADH SA	<input type="checkbox"/>
D	ERIAN, MOUNIR DR	PO BOX 7897	RIYADH, SAUDI ARABIA	<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"/>

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: Ahmed E. El Difrawi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

352-394-0781  
Daytime Phone #

CR2E034 (9/99)