

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000000129**

1. Entity Name

**ECAD FLORIDA CORPORATION****FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90768 016 \*\*\*150.00

Principal Place of Business

**7310 CHERRY LAKE RD.  
GROVELAND FL 34736**

Mailing Address

**7310 CHERRY LAKE RD.  
GROVELAND FL 34736**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **36-3640036**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ELDIFRAWI, AHMED DR  
16650 ROYAL PALM DR  
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

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, 2001 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 **P** ☐ Delete  
NAME **ELDIFRAWI, AHMED DR**  
STREET ADDRESS **16650 ROYAL PALM DR**  
CITY-ST-ZIP **GROVELAND FL**TITLE **D** ☐ Delete  
NAME **ABDEL-HAMEED, FATHI DR**  
STREET ADDRESS **2013 BUTLER BAY DR**  
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ Delete  
NAME **ZAKI, KARIM DR**  
STREET ADDRESS **50 KORNISH EL NILE**  
CITY-ST-ZIP **CAIRO EGYPT**TITLE **D** ☐ Delete  
NAME **ELDIFRAWY, AMANY A MS**  
STREET ADDRESS **5802 NICHOLSON LANE** **503**  
CITY-ST-ZIP **ROCKVILLE MD**TITLE **D** ☐ Delete  
NAME **HASHIM, ELMAHDALY D**  
STREET ADDRESS **IEC P O BOX 7518 N/A**  
CITY-ST-ZIP **RIYADH SA**TITLE **D** ☐ Delete  
NAME **ERIAN, MOUNIR DR**  
STREET ADDRESS **PO BOX 7897**  
CITY-ST-ZIP **RIYADH, SAUDI ARABIA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Ahmed El Difrawi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/5/01  
Date352-429-2899  
Daytime Phone #

CR2E034 (10/00)