

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90055 033 ***150.00

DOCUMENT # F99000005600

1. Entity Name

W.A.F.A. INVESTMENT CORPORATION

Principal Place of Business

**721 S.E. 17TH STREET STE. 200
FORT LAUDERDALE FL 33316**

Mailing Address

**721 S.E. 17TH STREET STE. 200
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**MARINER COVE 411 NW 118 TERRACE
Suite, Apt. #, etc.**

3. Mailing Address

**MARINER COVE 411 NW 118 TERRACE
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs, FL
33071**

City & State

**Coral Springs, FL
33071**

4. FEI Number

65-0951639

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMOTHE, FERNAND
721 S.E. 17TH STREET STE. 200
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

MARK COHEN

Street Address (P.O. Box Number is Not Acceptable)

1772 East TRAFALGAR CIRCLE

City

Hollywood

FL

Zip Code

33020

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

Mark Cohen

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/019. 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 NAME STREET ADDRESS CITY-ST-ZIP	PC ABQUELQUAFA, ABDEL J 721 SE 17TH ST FORT LAUDERDALE FL 33316	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ABOUELOUFA, ABDEL J MARINER COVE 411 NW 118 TERRACE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abdel Aboveloufa

Date

4/26/01

Daytime Phone #

(954) 540-5959

CR2E034 (10/00)