

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005817

1. Entity Name

MAYSAA TRADING & CONSTRUCTION INC

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90040 045 ***150.00

Principal Place of Business

10955 SW 15TH STREET, APT 303
PEMBROKE PINES FL 33025

Mailing Address

10955 SW 15TH STREET, APT 303
PEMBROKE PINES FL 33025

2. Principal Place of Business

1840 NW 20th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

76-0614853

Applied For

Not Applicable

Zip

33142

Country

USA

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

CHURAF, AL CHARIF
10955 SW 15TH STREET, APT 303
PEMBROKE PINES FL 33025

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

 CHARIF ALCHURAF

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ALCHURAF, NEEMAN
CITY-ST-ZIP 13203 ASCOT GLEN
HOUSTON TX 77082

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

TITLE ☐ Delete
NAME D
STREET ADDRESS EL ASSI, MOUNIRA
CITY-ST-ZIP 13203 ASCOT GLEN
HOUSTON TX 77082

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

TITLE ☐ Delete
NAME P
STREET ADDRESS AL CHURAF, CHARIF
CITY-ST-ZIP 10955 SW 15TH STREET, APT 303
PEMBROKE PINES FL 33025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

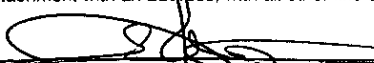
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

 CHARIF ALCHURAF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/19/01

CR2E034 (10/00)