

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15944

1. Entity Name

MARRAKESH MOROCCAN RESTAURANT, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90009 025 ***150.00

Principal Place of Business

1790 AVE. OF STARRS EPCOT
P. O. BOX 22245
LAKE BUENA VISTA FL 32830

Mailing Address

1790 AVE. OF STARRS EPCOT
P. O. BOX 22245
LAKE BUENA VISTA FL 32830-2245

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

59-2438690

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 VSD ☐ Delete
NAME LYAZIDI, RACHID
STREET ADDRESS 12125 CRESCENT COVE CT.
CITY-ST-ZIP WINDERMERE FL

TITLE CSP ☒ Change ☐ Addition
NAME LYAZIDI, RACHID
STREET ADDRESS 16414 POINTEVIEW CT.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE PTD ☐ Delete
NAME CHOUFANI, RACHID
STREET ADDRESS 8866 DARLENE DR
CITY-ST-ZIP ORLANDO FL

TITLE PTD ☒ Change ☐ Addition
NAME CHOUFANI, RASHID
STREET ADDRESS 9103 CHARLES E. HINDS RD
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete
NAME
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/2000 407-827-5322

CR2E034 (9/99)