

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90092 036 ***550.00

DOCUMENT # H38174

1. Entity Name

WAHAB CONSTRUCTION CO. ✓

Principal Place of Business

4701 LAKE ROAD
 MIAMI FL 33137

Mailing Address

4701 LAKE ROAD
 MIAMI FL 33137

B0133011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

818 SW 4th AVE

Suite, Apt. #, etc.

UPSTAIRS

City & State

MIAMI, FL

Zip

Country

33130 USA

3. Mailing Address

818 SW 4th AVE

Suite, Apt. #, etc.

UPSTAIRS

City & State

MIAMI, FL

Zip

Country

33130 USA

4. FEI Number

65-0000730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WAHAB, GADA
 4701 LAKE ROAD
 MIAMI FL 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of principal or principal's authorized agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

WALID GERMAN WAHAB 7-17-02

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 \$550.00

After September 13, 2002 Fee will be \$750.00

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	PD WAHAB, RAJA 4701 LAKE ROAD MIAMI FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAHAB, GADA 4701 LAKE ROAD MIAMI FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAHAB, MAJIB 4701 LAKE ROAD MIAMI FL 33137	<input checked="" 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	WALID G. WAHAB 530 SABAL PALM ROAD MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input checked="" 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

Date

Daytime Phone #

Wahab G. Wahab 7-17-02 305-854-8480

CR2E034 (4/02)