

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36118

1. Entity Name  
ASSAAD, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90863 001 \*\*\*361.25

Principal Place of Business  
790 HARBOUR DRIVE  
NAPLES FL 34103  
US

Mailing Address  
790 HARBOUR DRIVE  
NAPLES FL 34103-4461  
US

2. Principal Place of Business

3. Mailing Address  
790 HARBOUR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
2C

City & State

City & State  
NAPLES, FL.

Zip

Country

Zip  
34103

Country  
US

4. FEI Number  
59-2722775

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

ASSAAD, WAFAA F.  
C/O ASSAAD, INC.  
790 HARBOUR DRIVE  
NAPLES FL 33940

Name  
ASSAAD, WAFAA F.

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

790 HARBOUR DRIVE

SUITE # 2C

City  
NAPLES

FL

Zip Code  
34103

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 *Wafaa F. Assaad, pers. agent.* *Wafaa F. Assaad.* 2-18-00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ASSAAD, WAFAA F. 790 HARBOUR DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ASSAAD, MIKE W. 790 HARBOUR DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSAAD, MAGDA F. 790 HARBOUR DRIVE NAPLES FL	<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

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
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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: *Wafaa F. Assaad, pers. agent.* WAFAA F. ASSAAD 2-18-00 (941) 649-7001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)