FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90351 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44696

1. Entity Name
HALA CAFE AND BAKERY, INC.

11036784

Principal Place of Business	Mailing Address
4323 S UNIVERSITY BLVD JACKSONVILLE, FL 32216 US	4323 S UNIVERSITY BLVD JACKSONVILLE, FL 32216 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2760166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAHED, IWAIS
4323 S UNIVERSITY BLVD
JACKSONVILLE, FL 32216

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 _____ DATE _____
Signature, required if changing registered agent (and title if applicable) (NOTE: Registered Agent's signature required if box checked)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IWAIS, FAHED		NAME	
STREET ADDRESS	1325 JAMAICA RD.		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARDINI, MAY,		NAME	
STREET ADDRESS	4223 PITTMAN DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWAIS, ASSAD		NAME	
STREET ADDRESS	5519 HICKSON DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EWAIS, JERIELS		NAME	
STREET ADDRESS	12585 ASH HARBOR DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	
TITLE	M	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWEIS, NEMER Y		NAME	
STREET ADDRESS	3898 HABERSHAM FOREST DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

C12E004 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-28-03 (904) 722-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #