

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65237

1. Entity Name

MOHAMED I. ABDELAZIZ, P.A.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90088 021 \*\*\*150.00

Principal Place of Business

% MOHAMED I. ABDELAZIZ  
~~721 ROBERTSON STREET #106~~  
~~BRANDON FL 33511~~

Mailing Address

~~2107 ISLE OF PALM DR~~  
~~721 ROBERTSON STREET #106~~  
VALRICO FL 33596

60037730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

620 Eichenfeld Dr

Suite, Apt. #, etc.

3. Mailing Address

620 Eichenfeld Dr

Suite, Apt. #, etc.

City & State

BRANDON, FLORIDA

City & State

BRANDON FL

4. FEI Number

59-2782568

Applied For

Not Applicable

Zip

33511-5973

Country

Hillsborough

Zip

33511-5973

Country

Hillsborough

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

ABDELAZIZ, MOHAMED I.

~~721 ROBERTSON STREET #106~~  
~~BRANDON FL 33511~~

Name

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

620 Eichenfeld Dr

City

BRANDON

FL

Zip Code

33511-5973

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, 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 ABDELAZIZ, MOHAMED I.  
CITY-ST-ZIP ~~721 ROBERTSON STREET~~  
~~BRANDON FL~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 620 Eichenfeld Dr  
CITY-ST-ZIP BRANDON FL 33511-5973

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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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

04.20.01

Date

813 654 3200

Daytime Phone #

CR2E034 (10/00)