## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** J74066

1. Entity Name



## FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90764 019 \*\*\*150.00

Principal Place of Business	FATHALLAH & DIMIATY, INC.									
% HASSIB FATHALLAH 830 SW 27 AVE FT LAUDERDALE FL 33312	Mailing Address % HASSIB FATHALLAH 830 SW 27 AVE FT LAUDERDALE FL 33312			, 						
Principal Place of Business     3. Mailing Address					11					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			i	☐ CHE	CK HERE IF	MAKING	G CHANGES	3
City & State	City & State		-	-	4. FEI Nu	mber 65-0	0002409	<del></del>	<del></del>	pplied For
Zip Country	Zip	Country			5. Certific	ate of Status	-		<b>\$8.75</b> Ad	
6. Name and Address of Current	Registered Agent			7	7. Name	and Address	of New Re	gistered	Fee Require	<del>3</del> 0
FATHALLAH, HASSIB		Nan	ne	-	- '	•				
830 SW 27 AVE		Stre	et Addr	ss (P.C	). Box Nur	mber is Not A	cceptable)			
FT LAUDERDALE FL 33312			-	ļ						
		City				<del></del>		FL	Zip Coc	le
8. The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	registered offic	ce or reç	stered	agent, or	both, in the S	State of Florid	da. I am	familiar with,	and accept
the obligations of registered agent.										1
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent s	signature re	quired whe	en reinstating)	<u> </u>		DATE	<u>.</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o	f State				9.	Election Can Trust Fund C		ncing [		00 May Be d to Fees
10. OFFICERS AND	<del></del>	11.			ADDITION	NS/CHANGE	S TO OFFIC	ERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP  DP FATHALLAH, HASSIB 100 NW 26TH AVE PLANTATION FL	☐ Delete	TITLE  NAME  STREET ADORE  CITY-ST-ZIP		tha 70		HASSIN IS th FL 3			Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRE			****				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete -	TITLE NAME STREET ADDRE CITY-ST-ZIP	 :SS						☐ Change	_ Addition _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss						Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss					***	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with indicated on this report or supplemental report is	□ Delete	NAME STREET ADDRES CITY-ST-ZIP			as Adm				☐ Change	Addition

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.