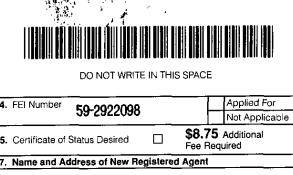
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K57972** 1. Entity Name FARES J. RACHED INC.

Mailing Address

% FARES J. RACHED 15714 GARDENSIDE LANE

TAMPA FL 33549-4914

Apr 23, 2000 8:00 am Secretary of State
Secretary of State
04-23-2000 90051 023 ***150.00



2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & State	е	City & State		4. F	El Number 59-2922098		lied For Applicable	
Zip	Country	Country	5. 0	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
		7. Name and Address of New Registered Agent						
			Name					
RACHED, FARES J. 15714 GARDENSIDE LANE TAMPA FL FL 33624			Street Address	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 it	s registered office or regis	tered age	ent, or both, in the State of Florida.	_		
SIGNATURE .								
	Signature, typed or printed name of registered agent as	nd title if applicable (NO	TE. Registered Agent signature requ	red when re	enstating) DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.	Added to		
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND D	IRECTORS I	N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHED, FARES J. 15714 GFARDENSIDE LANE TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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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: O

Principal Place of Business

~ FARES J. RACHED

GARDENSIDE LANE тамёй FL 33624