

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90032 028 ***158.75

DOCUMENT # K77541

1. Entity Name

AMERAB, INC.

Principal Place of Business

Mailing Address

**WEFKY MANSOUR
 ISLES WORTH CT
 ORLANDO FL 32819**

**% WEFKY MANSOUR
 8976 ISLES WORTH CT
 ORLANDO FL 32819-4819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANSOUR, MR. WEFKY
 8976 ISLES WORTH CT
 ORLANDO FL 32819**

Name

WEFKY MANSOUR

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

8976 ISLES WORTH CT.

ORLANDO FL. 32819

City

FL 32819

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/15/2000

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	CPM	<input type="checkbox"/> Delete
NAME	ELSALLAL, ABDUL JALIL S.	
STREET ADDRESS	8976 ISLES WORTH CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MUSSALATI, MAISA W.	
STREET ADDRESS	8976 ISLES WORTH CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELSALLAL, MOHD WAJIEH A. J	
STREET ADDRESS	8976 ISLES WORTH CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EL SALLAL MOHD. SALEH A.J.	
STREET ADDRESS	8976 ISLES WORTH CT	
CITY-ST-ZIP	ORLANDO FL 32841	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

APRIL-15-2000

Date

Daytime Phone #

CR2E034 (9/99)