## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # L14588** Apr 18, 2000 8:00 am Secretary of State UNISTATES COMMERCIAL OF FLORIDA, INC. 04-18-2000 90144 003 \*\*\*158.75 Principal Place of Business Mailing Address 8601 NW 34 PL 8601 NW 34 PL #102 A #102 A SUNRISE FL 33351 SUNRISE FL 33351-6651 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0147992 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SALAMA, NASSER SALAMA, YOHANNA G Street Address (P.O. Box Number is Not Acceptable) 860/ NW 34 PL # 102 A 8601 NW 34 PL #102A SUNRISE FL 33351 Zip Code \_3335/ City SUNRISE 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PDS TITLE Delete TITLE SALAMA, NASSER Y SALAMA, YOHANNA G NAME NAME STREET ADDRESS STREET ADDRESS 8601 NW 34 PL #102A CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 **VPTD** Delete TITLE SALAMA, NASSER Y SALAMA, NAZLY NAME NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Addition □ Change TITLE ☐ Delete TITLE SALAMA, NASSER Y NAME NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: Nasser Salame PJS 4.12-00 (954) 572 6665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Date

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP