

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67584

1. Entity Name

HATEM, BISHOUTY & MAZZAWI, INC.

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90037 001 \*\*\*300.00

9187



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
S HOMESTEAD BLVD 51 S HOMESTEAD BLVD  
HOMESTEAD FL 33030-7421 HOMESTEAD FL 33030-7421

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-0188910 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
FELDMAN, DAVID ESQ.  
407 LINCOLN RD  
MIAMI FL 33139

7. Name and Address of New Registered Agent  
Name  
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 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, 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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP HATEM, FOUAD 51 S HOMESTEAD BLVD HOMESTEAD FL  
DVT MAZZAWI, TOUFIC 51 S HOMESTEAD BLVD HOMESTEAD FL  
V HATEM, ISSA 51 S HOMESTEAD BLVD HOMESTEAD FL  
VS MAZZAWI, MONEM 51 S HOMESTEAD BLVD HOMESTEAD FL  
V BISHOUTY, GHASSAN 51 S HOMESTEAD BLVD HOMESTEAD FL  
V HATEM, LEWIS 51 S HOMESTEAD BLVD HOMESTEAD FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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

Date

Daytime Phone #

CR2E034 (9/99)