

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L67584

1. Entity Name

HATEM, BISHOUTY & MAZZAWI, INC.



Principal Place of Business

51 S HOMESTEAD BLVD
HOMESTEAD FL 33030-7421

Mailing Address

51 S HOMESTEAD BLVD
HOMESTEAD FL 33030-7421

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

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

HATEM, FOUAD
515 HOMESTEAD BLVD
HOMESTEAD FL 33030

HATEM

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HATEM, FOUAD
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE DVT
NAME MAZZAWI, TOUFIC
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE V
NAME HATEM, ISSA
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE VS
NAME MAZZAWI, MONEM
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE V
NAME BISHOUTY, GHASSAN
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE V
NAME HATEM, LEWIS
STREET ADDRESS 51 S HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000076731
03/05/04-80013-019 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 #

3/2/04 *305 245 1260*