

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90191 015 \*\*\*150.00

0174701 AV

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0188910**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HALEM, FOUAD  
515 HOMESTEAD BLVD  
HOMESTEAD FL 33030**

**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, 2003 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	<input type="checkbox"/> Delete
NAME	HATEM, FOUAD	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MAZZAWI, TOUFIC	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HATEM, ISSA	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAZZAWI, MONEM	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BISHOUTY, GHASSAN	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HATEM, LEWIS	
STREET ADDRESS	51 S HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

305 245 1260

CR2E034 (10/02)