

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000005372**

1. Entity Name

**AL SALAM CLUB OF DAYTONA BEACH, INC.**

Principal Place of Business

**290 N US HWY 1  
ORMOND BEACH FL 32174**

Mailing Address

**290 N US HWY 1  
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3700292**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SABOUNGI, MAHMOUD  
290 N US HWY 1  
ORMOND BEACH FL 32174**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	AFGHANI, ALI	5955 MARVILLE CIRCLE	PORT ORANGE FL 32127	<input type="checkbox"/>

TD	KAKRAJIAN, YESTER	137 MARLIN DR	ORMOND BEACH FL 32176	<input checked="" type="checkbox"/>
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D	SABOUNGI, SALEH	719 HAND AVE	ORMOND BEACH FL 32174	<input type="checkbox"/>
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VD	DAUD, ALBERT	1429 N ATLANTIC AVE #431	DAYTONA BEACH FL 32118	<input type="checkbox"/>
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SD	AFGHANI, CARMEN	5955 MARVILLE CIRCLE	PORT ORANGE FL 32127	<input type="checkbox"/>
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D	AJIUNI, JANETTE	1141 BEL AIRE DR	DAYTONA BEACH FL 32118	<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TD	MOUNIR KHABAZEH	980 CANALVIEW BLVD. STE K4	PORT ORANGE FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 617, 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: **M. Khabazeh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/2001 386-672-2077**

Date Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90079 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)