

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14044

1. Entity Name

FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

BAROUDI  
2885 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

DR. BAROUDI  
2885 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

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

59-1365533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAROUDI, ISSA F.  
2885 TAMiami TRAIL  
PORT CHARLOTTE FL 33452

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME BAROUDI, ISSA F.  
STREET ADDRESS 2885 TAMiami TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE D  
NAME JARRAH, MAMOON  
STREET ADDRESS 2885 TAMiami TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE D  
NAME AL-KHATIB, TAREQ  
STREET ADDRESS 2882 TAMiami TRAIL #5  
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90310 016 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)