

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15783

1. Entity Name

SAN DAMIANO ENTERPRISES, INC.

Principal Place of Business

3001 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607
US

Mailing Address

ATTN: ISAAC MALLAH
3001 W. DR. M.L.K. JR BLVD
TAMPA FL 33607
US

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

59-2822514

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

MALLAH, ISAAC
3001 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

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 PD ☐ Delete
NAME MALLAH, ISAAC
STREET ADDRESS 3001 W. M.L.K. JR. BLVD
CITY-ST-ZIP TAMPA FL 33607

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

TITLE TD ☐ Delete
NAME WALLACE, GEORGE
STREET ADDRESS 3001 W DR. MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP TAMPA FL 33607

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

TITLE SD ☒ Delete
NAME AMEY, BRENT MD
STREET ADDRESS 3001 W. M.L.K. JR. BLVD
CITY-ST-ZIP TAMPA FL 33607

TITLE SD ☐ Change ☒ Addition
NAME Vaaler, Mark, M.D.
STREET ADDRESS 3001 W. Dr. Martin Luther King, Jr. Blvd.
CITY-ST-ZIP Tampa, FL 33607

TITLE VPD ☐ Delete
NAME YELVINGTON, FLEURY
STREET ADDRESS 3001 W. DR. M.L.K. JR, BLVD
CITY-ST-ZIP TAMPA FL 33607

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

TITLE D ☐ Delete
NAME AUBIN, MIKE
STREET ADDRESS 3001 W. DR. M.L.K. JR. BLVD
CITY-ST-ZIP TAMPA FL 33607

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: *Isaac Mallah* Isaac Mallah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2002

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)