## 2004 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N35936 1. Entity Name ARAB AMERICAN COMMUNITY CENTER, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90492 013 \*\*\*\*\*61.25

Principal Plac	e of Business		Mailing Address						
P.O. BOX 105338 ALTAMONTE SPRINGS FL 32715-0338			P.O. BOX 105338 ALTAMONTE SPRINGS FL						
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2. Principal Place of Business		3. Mailing Address		··  {\dag{\dag{\dag{\dag{\dag{\dag{\dag	NICH OCC MAN CHAIC ACH	A BANC BOBIN BOBIN	eleli eleli el	OU BURN ING	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Num	4. FEI Number 59-3064354		Applied For Not Applicable		
Zip		Country	Zip	Country	5. Certifica	te of Status Desired		8.75 Add	litional
	6. Name a	nd Address of Current	Registered Agent	L	7. Name a	nd Address of New Ro			
				Name			<del></del>		<del></del>
SAIDI, AHMAD Y				Street Address		ber is Not Acceptable	)		
	NON DRIVE D FL 32817								
011001100	J 1 L 02017			City			FL	Zip Code	e
8. The above	named entity	submits this statement for	the purpose of changing its	registered office of	or registered agent, or t	ooth, in the state of Flor		l <u> </u>	<del> </del>
			. *	_					
SIGNATURE _	-								
	Signature, typed or	printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating)		DATE		
	FILE N	ow-	9. Election Campaign	i Financing	\$5.00 uo.	Maka	Chack Pa	vahle to	
	FILE N FEE IS \$		9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	l l	e Check Par partment of	-	
10.			Trust Fund Contrib		Added to Fees	Dep	partment of	f State	
	FEE IS \$	OFFICERS AND DIR	Trust Fund Contrib	ution.	Added to Fees  ADDITIONS/C	l l	partment of	f State	
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of the corporation or the receiver or trustee empowered to execute this report s 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 add

SIGNATURE: