

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90112 008 ****61.25

DOCUMENT # N35936

1. Entity Name

ARAB AMERICAN COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 105338
ALTAMONTE SPRINGS FL 32715-0338

P.O. BOX 105338
ALTAMONTE SPRINGS FL 32715-0338

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

59-3064354

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

SAIDI, AHMAD Y
2840 KINNOR DRIVE
ORLANDO FL 32817

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 P
NAME QUBTY, SAMI
STREET ADDRESS 8725 GREAT COVE DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE S
NAME MAALI, BASIL
STREET ADDRESS 5182 ISLESWORTH COUNTRY CLUB DR
CITY-ST-ZIP ORLANDO FL 34786 ☒ Delete

TITLE Secretary
NAME Jaber, Shareen
STREET ADDRESS 8624 Lost Cove Dr
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE I
NAME HILAL, NADIA
STREET ADDRESS 160 N SPRING LAKE DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE Treasurer
NAME Musallam, Suleiman
STREET ADDRESS 5349 Water Vista Dr
CITY-ST-ZIP Orlando, FL 32821 ☐ Change ☒ Addition

TITLE D
NAME ATA, OMAR DR
STREET ADDRESS 3211 S BERMUDA AVENUE
CITY-ST-ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE Director
NAME Ansara, Ashley
STREET ADDRESS 868 Paddington Terrace
CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☒ Addition

TITLE D
NAME JAMMAL, EMILE
STREET ADDRESS 307 MURPHY ROAD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE D
NAME Witwicky, Laila
STREET ADDRESS 2009 Wayhaven Court
CITY-ST-ZIP Maitland, FL 32751 ☐ Change ☒ Addition

TITLE D
NAME JARDANER, ABE
STREET ADDRESS 4750 DEER ROAD
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE D
NAME Rizkallah, Khalil
STREET ADDRESS 8704 Benoit Ave
CITY-ST-ZIP Orlando, FL 32836 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)