

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91010 027 \*\*\*\*61.25

**DOCUMENT # N35936**

1. Entity Name

**ARAB AMERICAN COMMUNITY CENTER, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

P.O. Box 692301, Orlando, FL 32869

3. Mailing Address

P.O. Box 692301, Orlando, FL 32869

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32869

Country

Orange

Zip

32869

Country

Orange

4. FEI Number **59-3064354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAIDI, AHMAD Y**  
**2840 KINNON DRIVE**  
**ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name **Sami D. Qubty**

Street Address (P.O. Box Number is Not Acceptable)

**8725 Great Cove Dr**

City

**Orlando**

FL

Zip Code

**32819**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>QUBTY, SAMI</b> <b>8725 GREAT COVE DRIVE</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JABER, SHAREER</b> <b>8624 LOST CAVE DR</b> <b>ORLANDO FL 32819</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ASHLEY, ANSANG</b> <b>868 PADDINGTON TERRACE</b> <b>HEATHROW FL 32746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATA, OMAR DR</b> <b>3211 S BERMUDA AVENUE</b> <b>KISSIMMEE FL 34746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WITWICKY, LAILA</b> <b>2009 WAY HAVEN CT</b> <b>MAITLAND FL 32751</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIZKALLAH, KHALIL</b> <b>8704 BENOIT AVE</b> <b>ORLANDO FL 32836</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hassan Aruri - S</b> <b>10306 Windermere Chase Blvd</b> <b>Gotha, FL 32734</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Zeyad Maali - T</b> <b>6289 Indian Meadow St</b> <b>Orlando, FL 32819</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Neal Abid - V</b> <b>1805 Oak Vista Terr</b> <b>Orlando, FL 32824</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Omar DiJani - D</b> <b>653 Blenheim Loop</b> <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Sami D. Qubty**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-03**  
Date

**(407) 370-3030**  
Daytime Phone #

CR2E037 (10/02)