

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90055 022 \*\*\*\*70.00

**DOCUMENT # N96000003452**

1. Entity Name:  
**EGYPTIAN-AMERICAN SOCIETY INC.**

Principal Place of Business <b>4505 NW 103RD AVE          SUNRISE FL 33351</b>	Mailing Address <b>EGYPTIAN AMERICAN SOCEITY          P.O. BOX 5075          HOLLYWOOD FL 33083-5075          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>65-0694285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**KHALIL, ASSEM  
 3416 W LAKE PL  
 MIRAMAR FL 33023**

**7. Name and Address of New Registered Agent**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ASSEM, KHALIL 3416 W LAKE PL MIRAMAR FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ARAFAT, NAGY 15055 SW 108TH TERR MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> EL-EBEIDI, OSAMA 1000 PARKVIEW DR APT 1006 HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> ASFOUR, SHEHAB 9608 S.W. 117TH CT MIAMI FL 33158 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MOHAMMED, OSAMA 14224 S.W. 75TH TERR MIAMI FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RASHDAN, MOHSEN 4442 WOODFIELD BLVD BOCA RATON FL 33434 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSEM Khalil</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3416 W. Lake Pl. Miramar FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>El-Ebeidi, Osama</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Three Island ST. apt 601 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASFOUR, SHEHAB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14080 S.W. 83rd CT Miami FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mohammed, Osama</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14224 S.W. 75th Terr. Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rashdan, Mohsen</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4442 Woodfield Blvd. Boca Raton FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Noshi, Mohamed</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1900 S. Ocean Blvd. apt # 15D Pampano Beach FL 33062

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: **5/1/00** Daytime Phone #: **(954) 966-4175**

CR2E037 (9/99)