

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003452

1. Entity Name:

EGYPTIAN-AMERICAN SOCIETY INC.

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

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

Principal Place of Business

Mailing Address

4505 NW 103RD AVE
 SUNRISE FL 33351

EGYPTIAN AMERICAN SOCEITY
 P.O. BOX 5075
 HOLLYWOOD FL 33083-5075
 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

65-0694285

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHALIL, ASSEM
 3416 W LAKE PL
 MIRAMAR FL 33023

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 ☐ Delete
 NAME ASSEM, KHALIL
 STREET ADDRESS 3416 W LAKE PL
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☐ Addition
 NAME ASSEM Khalil (P)
 STREET ADDRESS 3416 W. Lake Pl.
 CITY-ST-ZIP Miramar FL 33023

TITLE V ☐ Delete
 NAME ARAFAT, NAGY
 STREET ADDRESS 15055 SW 108TH TERR
 CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Change ☐ Addition
 NAME El-Ebeldi, Osama (S)
 STREET ADDRESS 500 Three Island ST. apt 601
 CITY-ST-ZIP Hallandale FL 33009

TITLE S ☐ Delete
 NAME EL-EBEIDI, OSAMA
 STREET ADDRESS 1000 PARKVIEW DR APT 1006
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
 NAME ASFOUR, SHEHAB (T)
 STREET ADDRESS 14080 S.W. 83rd CT
 CITY-ST-ZIP Miami FL 33158

TITLE T ☐ Delete
 NAME ASFOUR, SHEHAB
 STREET ADDRESS 9608 S.W. 117TH CT
 CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ Change ☐ Addition
 NAME Mohammed, Osama (D)
 STREET ADDRESS 14224 S.W. 75th Terr.
 CITY-ST-ZIP Miami FL 33183

TITLE D ☐ Delete
 NAME MOHAMMED, OSAMA
 STREET ADDRESS 14224 S.W. 75TH TERR
 CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition
 NAME Rashdan, Mohsen (D)
 STREET ADDRESS 4442 Woodfield Blvd.
 CITY-ST-ZIP Boca Raton FL 33434

TITLE D ☐ Delete
 NAME RASHDAN, MOHSEN
 STREET ADDRESS 4442 WOODFIELD BLVD
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
 NAME Noshi, Mohamed (D)
 STREET ADDRESS 1900 S. Ocean Blvd. apt # 15D
 CITY-ST-ZIP Pompano 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (954) 966-4175

CR2E037 (9/99)