

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-08-2001 90010 024 ***70.00

DOCUMENT # N96000003452
 1. Entity Name Egyptian American Society Inc.

Principal Place of Business 3416 W. Lake Pl. Miramar FL 33023
 Mailing Address 3416 W. Lake Pl. Miramar FL 33023

2. Principal Place of Business 3416 W. Lake Pl.
 Suite, Apt. #, etc.
 3. Mailing Address 3416 W. Lake Pl.
 Suite, Apt. #, etc.

City & State Miramar FL
 Zip 33023 Country Broward
 City & State Miramar FL
 Zip 33023 Country Broward

4. FEI Number 65-0694285
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

77702
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ASSEM Khalil
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 Assem Khalil
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<u>President</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>ASSEM Khalil</u>
CITY-ST-ZIP	<u>3416 W. Lake Pl. Miramar FL 33023</u>
TITLE NAME	<u>Vice President</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>Osama Mohammed</u>
CITY-ST-ZIP	<u>14224 S.W. 75 Ter Miami FL 33183</u>
TITLE NAME	<u>Secretary</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>Usama El-Ebeidi</u>
CITY-ST-ZIP	<u>500 Three Island Rd. apt 601 Hallandale FL 33009</u>
TITLE NAME	<u>Treasurer</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>Shihab ASfour</u>
CITY-ST-ZIP	<u>14080 S.W. 83 Ct. Miami FL 33158</u>
TITLE NAME	<u>Public Relation</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>Mohamad Noshi</u>
CITY-ST-ZIP	<u>1900 15th Ocean Blvd #15-D Panama Beach FL 33062</u>
TITLE NAME	<u>Membership Director</u> <input type="checkbox"/> Delete
STREET ADDRESS	<u>Mohsen Rashdan</u>
CITY-ST-ZIP	<u>4442 Woodfield Blvd. Boca Raton FL 33434</u>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: ASSEM Khalil Assem Khalil 7/20/01 (954)249-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)