

# 2000 UNIFORM BUSINESS REPORT (UBR) ~~600~~

DOCUMENT # N98000004958

1. Entity Name

Health Resource Center for Palestine, Inc.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90119 006 \*\*\*70.00

Principal Place of Business

1313 S. Military Trail  
Suite 283  
Deerfield Beach, FL  
33442

Mailing Address

1313 S. Military Trail  
Suite 283  
Deerfield Beach, FL  
33442

2. Principal Place of Business

124 S. Federal Hwy  
Suite, Apt. #, etc.  
#2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

4. FEI Number

31-1631173

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASHIM, LAMYAA, M  
123 NW 51st Court  
Pompano Beach, FL 33064

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

11 JAN 2000

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	D- Chairman BOD	<input type="checkbox"/> Delete
NAME	LAMYAA HASHIM	
STREET ADDRESS	123 NW 51st Court	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	D- VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	HESHAM TILLAWI	
STREET ADDRESS	P.O. BOX 61415	
CITY-ST-ZIP	LAFAYETTE, FL 70596	
TITLE	D- SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	SYED AHMAO	
STREET ADDRESS	631 Anderson Cir., #108	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D- Chairman BOD / P- President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMYAA HASHIM	
STREET ADDRESS	123 NW 51st Court	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D- VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. DANIEL P. M&Bride	
STREET ADDRESS	717 NE 13th Court, #26	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D- Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMZY BAROUD	
STREET ADDRESS	4512-216th Street SW, Apt. C	
CITY-ST-ZIP	Mount Lake Terrace, WA 98043	
TITLE	D- Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Baroud	
STREET ADDRESS	4512-216th Street SW, Apt. C	
CITY-ST-ZIP	Mount Lake Terrace, WA 98043	
TITLE	D- Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris Khamis	
STREET ADDRESS	498 Mulberry Lane	
CITY-ST-ZIP	West Hempstead, NY 11552	

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

LAMYAA HASHIM

Date

11 Jan 2000 561-758-3334

Daytime Phone #

CR2E037 (9/99)