

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

0003372

DOCUMENT # N99000000906

1. Entity Name

ALKHAIRAT, INC.



FILED

04 MAR -5 PM 1:02

SECRETARY OF STATE



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

3816A NW 45TH STREET
GAINESVILLE FL 32606

3816A NW 45TH STREET
GAINESVILLE FL 32606

5701 Palm River Rd
TAMPA, FL 33619

5701 Palm River Rd
TAMPA, FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3723096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHEEL, MAHMOUD

3816A NW 45TH STREET
GAINESVILLE FL 32606

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. 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

After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KAHEEL, MAHMOUD
STREET ADDRESS 3816A NW 45TH STREET
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600029964646
CITY-ST-ZIP 03/05/04--01068--022 **\$61.25

TITLE O ☐ Delete
NAME BAWI, NASSER
STREET ADDRESS 1100 SATIN LEAF STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600029964646
CITY-ST-ZIP 03/05/04--01068--023 **\$236.25

TITLE D ☐ Delete
NAME ALI, SYED LAEO
STREET ADDRESS 602 OCONEE AVENUE
CITY-ST-ZIP DAVIS ISLAND, TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SAMARTIN, ROBERT
STREET ADDRESS 60 MADISON STREET
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☒ Delete
NAME SORATHIA, YAHYA
STREET ADDRESS 7801 COPWOOD AVENUE
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☒ Delete
NAME ALABSI, BASHIR
STREET ADDRESS 12710 N 33RD STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)