

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90210 031 ****61.25

DOCUMENT # N99000001622

1. Entity Name

YOUR SYRIAN FRIENDS INC.

Principal Place of Business

**9604 BEAUCLERC BLUFF RD
 JACKSONVILLE FL 32257**

Mailing Address

**9604 BEAUCLERC BLUFF RD
 JACKSONVILLE FL 32257**

2. Principal Place of Business

same as above

Suite, Apt. #, etc.

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611505

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JALOUK, MUTIA
 9604 BEAUCLERC BLUFF RD
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

same as above

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	CD	<input type="checkbox"/> Delete
NAME	JALOUK, MUTIA	
STREET ADDRESS	9604 BEAUCLERC BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TT	<input type="checkbox"/> Delete
NAME	TOUDI, ISSA	
STREET ADDRESS	3254 STAR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLOUCH, FADILA	
STREET ADDRESS	312 BARBADOS STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MUTIA JALOUK (Chairperson)

5-1-01 (904) 731-2198 or 391-1330 Ext. 4053

CR2E037 (10/00)