2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90037 015 ***150.00

DOCUMENT # P00000000695

1. Entity Name
YOUSSEF BOUSSALHAM, P.A.

Principal Place of Business
122 GLASGOW CT
DAVENPORT FL 33837

Mailing Address
122 GLASGOW CT
DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16246 COOPERS HAWK AV
Suite, Apt. #, etc.
City & State: CLERMONT, FL
Zip: 34711 Country: USA

3. Mailing Address
16246 COOPERS HAWK AVE
Suite, Apt. #, etc.
City & State: CLERMONT, FL
Zip: 34711 Country: USA

4. FEI Number 59-3619904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOUSSALHAM, YOUSSEF
122 GLASGOW CT
DAVENPORT FL 33837

7. Name and Address of New Registered Agent
Name: YOUSSEF BOUSSALHAM
Street Address (P.O. Box Number is Not Acceptable): 16246 COOPERS HAWK AVE
City: CLERMONT FL Zip Code: 34711

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: YOUSSEF BOUSSALHAM 1-7-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BOUSSALHAM, YOUSSEF	
STREET ADDRESS	122 GLASGOW CT	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: YOUSSEF BOUSSALHAM 1-7-02 321-443-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)