

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 018 ***150.00

DOCUMENT # P00000009174

1. Entity Name

FLORIDA REPAIR & MAINTENANCE CO. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2214 GRAND CAYMEN CT.

3. Mailing Address

2214 GRAND CAYMEN CT

Suite, Apt. #, etc.

APT. # 1514

Suite, Apt. #, etc.

APT. # 1514

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE, FLORIDA

City & State
KISSIMMEE, FLORIDA

4. FEI Number

59-3651407

Applied For

Not Applicable

Zip
34741

Country
USA

Zip
34741

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BAMSASHOUL, JAMILA

Street Address (P.O. Box Number is Not Acceptable)
2214 GRAND CAYMEN CT

APT. # 1514

City KISSIMMEE

FL

Zip Code

34741

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME ELCHAKAOU, AHMED M.
STREET ADDRESS 2214 GRAND CAYMEN CT. # 1514
CITY - ST - ZIP KISSIMMEE, FLORIDA 34741

TITLE SECRETARY
NAME BAMSASHOUL, JAMILA
STREET ADDRESS 2214 GRAND CAYMEN CT. # 1514
CITY - ST - ZIP KISSIMMEE, FL. 34741

TITLE
NAME
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02 407 935 1357
Date Daytime Phone #

CR2E034B (12/01)