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2001 UNIFORM BUSINESS REPORT (⊎BR)

ELHASSAN, SAIF E 1545 S.W. 14 STREET BOCA RATON FL 33486 City FL Sireet Address (P.O. Box Number is Not Acceptable) City FL 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature typed or primed name of registered agent and sete il applicable. (NOTE Friphered Agent signature received when rentating) OATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) TILE NAME SIREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486 TILE NAME STREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	Applied For Not Applicable 8.75 Additional se Required
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Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SP/ City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired FOR 8. Name and Address of Current Registered Agent Name ELHASSAN, SAIF E 1545 S.W. 14 STREET BOCA RATON FL 33486 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Signature typed or primed name of registered agent and title if application. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State 10. Deficers AND DIRECTORS TILE NAME PD ELHASSAN, SAIF E SIREET ADDRESS SIREET	Applied For Not Applicable 8.75 Additional se Required ant
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Zip Country Zip Country 5. Certificate of Status Desired \$ \$ \$. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name ELHASSAN, SAIF E 1545 S.W. 14 STREET BOCA RATON FL 33486 City FL 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 Sometime typed or pomed name of registered agent and size if applicable. (NOTE implement Agent alignature received when remarking) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. NAME 15. SIRER ADDRESS 25. CERT ADDRESS 26. STREET ADDRESS 26. STREET ADDRESS 27. ST-2P 28. TITLE 29. Delete 10. Election Campaign Financing Trust Fund Contribution. (IIII.) 10. Election Campaign Financing Trust Fund Contribution. (III.) 10. Election Campaign Financing Trust Fund Contribution. (III.) 11. OFFICERS AND DIRECTORS 22. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 22. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 23. EVERT ADDRESS 24. STREET ADDRESS 25. CITY-ST-2IP 25. CERT ADDRESS 26. STREET ADDRESS 26. CITY-ST-2IP 26. STREET ADDRESS 26. CITY-ST-2IP 27. ST-2IP 28. TITLE 29. Delete 29. TITLE 20. Delete 20. Delete 20. TITLE 20. Delete 20. Delete 20. TITLE 20. Delete 20. TITLE 20. Delete 25. CERT ADDRESS 26. CITY-ST-2IP 26. DELETE ADDRESS 27. ST-2IP	Not Applicable 8.75 Additional se Required ant
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