

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90155 046 ***158.75

DOCUMENT # P00000016414

1. Entity Name
PHOENICIA MEDITERRANEAN CUISINE, INC.

Principal Place of Business 11154 NORTH 30TH STREET TAMPA FL 33612	Mailing Address 11154 NORTH 30TH STREET TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3622624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARB, MAHER
11154 NORTH 30TH STREET
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name
ABOU-KHALIL, JIHAD
 Street Address (P.O. Box Number is Not Acceptable)
11154 NORTH 30th street
Tampa FL 33613
 City: **Tampa 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 ABOU-KHALIL, JIHAD Jihad Abo Khalil 4-20-02
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 P	<input checked="" type="checkbox"/> Delete
NAME HARB, MAHER	
STREET ADDRESS 11154 NORTH 30TH STREET	
CITY-ST-ZIP TAMPA FL 33612	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME ABOU-KHALIL, HASSIB	
STREET ADDRESS 11154 NORTH 30TH STREET	
CITY-ST-ZIP TAMPA FL 33612	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JIHAD	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABOU-KHALIL, JIHAD	
STREET ADDRESS 11154 NORTH 30th street	
CITY-ST-ZIP TAMPA FL 33613	
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	

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: ABOU-KHALIL, HASSIB Hassib Abo Khalil 4/20/02 813-915-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)