FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90997 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048193

1. Entity Name

NABLUS ENTERPRISE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
855 TIVOLI CIRCLE	855 TIVOLI CIRCLE
Suite, Apt. #, etc. No 204	Suite, Apt. #, etc. No 204
City & State DEERFIELD BEACH FL.	City & State DEERFIELD BEACH FL.
Zip 33441 Country US	Zip 33441 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1011967 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SAMER CHATIT

Street Address (P.O. Box Number is Not Acceptable) 855 TIVOLI CIRCLE No 204

City DEERFIELD BEACH FL Zip Code 33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMER CHATIT - PRESIDENT 855 TIVOLI CIRCLE 204 Deerfield Beach FL. 33441
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/03 954-812-6973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #