

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90422 024 ***158.75

DOCUMENT # P00000050531

1. Entity Name

SAINT MICHAEL'S INVESTMENT, INC.

Principal Place of Business

**2227 KENT PLACE
 CLEARWATER FL 33764**

Mailing Address

**2227 KENT PLACE
 CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3632649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHARA, MACARI
 2227 KENT PLACE
 CLEARWATER FL 33764**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RAGHEB, NAWAL**
 CITY-ST-ZIP **2153 LOISA DRIVE
 BELLEAIR BEACH FL 33786**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BISHARA, MAGDA**
 CITY-ST-ZIP **2227 KENT PLACE
 CLEARWATER FL 33764**

TITLE ☒ Change ☐ Addition
 NAME **PD BISHARA, MAGDA**
 STREET ADDRESS **2227 KENT PLACE**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NESSLER, FRED**
 CITY-ST-ZIP **2040 GULF BLVD.
 BELLEAIR BEACH FL 33786**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP ASHRAF HANNA**
 STREET ADDRESS **3509 SHORELINE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR, FL. 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S MIRANDA HANNA**
 STREET ADDRESS **3509 SHORELINE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL. 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D MAGED BISHARA**
 STREET ADDRESS **2227 KENT PLACE**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

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:

Magda Bishara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date Daytime Phone #

CR2E034 (9/01)