

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90088 045 ***150.00

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DOCUMENT # P00000055450

1. Entity Name
SULTAN & KOUSA, INC.



Principal Place of Business
**10236 EASTERN LAKE
#204
ORLANDO FL 32817**

Mailing Address
**10151 EASTERN LAKE AVENUE
APT APT 202
ORLANDO FL 32817**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3650944**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZETIR, MOHAMAD SAID
10118 EASTERN LAKE AVENUE
#104
ORLANDO FL 32817**

Name **ZETIR MOHAMAD SAID**
Street Address (P.O. Box Number is Not Acceptable)
10151 EASTERN LAKE AVENUE APT 202
City **ORLANDO** FL Zip Code **32817**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **01-08-2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T Delete
TITLE NAME **KOUSA, BACHAR**
STREET ADDRESS **10236 EASTERN LAKE AVENUE, #204**
CITY-ST-ZIP **ORLANDO FL 32817**

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

P Delete
TITLE NAME **ZETIR, MOHAMAD SAID**
STREET ADDRESS **10118 EASTERN LAKE AVENUE, #102**
CITY-ST-ZIP **ORLANDO FL 32817**

Change Addition
TITLE **President**
NAME **ZETIR MOHAMAD SAID**
STREET ADDRESS **10151 EASTERN LAKE AVENUE APT #202**
CITY-ST-ZIP **ORLANDO FL 32817**

Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ZETIR MOHAMAD SAID** 01-08-2003 407-325-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)