

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90113 012 ***150.00

DOCUMENT # P00000100482

1. Entity Name
GHAFAFI ASSOCIATES, INC.



Principal Place of Business
14108 VILLAGE VIEW DR.

Mailing Address
5373 EHRlich ROAD

TAMPA FL 33624

TAMPA FL 33625

New Address 5373 Ehrlich Road #203 Tampa, FL 33625



2. Principal Place of Business

5373 Ehrlich Road

3. Mailing Address

5373 Ehrlich Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Tampa

Tampa, FL

Zip

Country

Zip

Country

FL

USA

33625

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3673623**

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

ALGHAFARI, SAMER

14108 VILLAGE VIEW DR.

TAMPA FL 33624

Name

SAMER ALGHAFARI

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

5373 Ehrlich Road #203

Tampa

City

FL

Zip Code

33625

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

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

TITLE **P** ☐ Delete
NAME **ALGHAFARI, SAMER**
STREET ADDRESS **14108 VILLAGE VIEW DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **P** ☒ Change ☐ Addition
NAME **Samer Alghafari**
STREET ADDRESS **5373 Ehrlich Rd., Ste 203**
CITY-ST-ZIP **Tampa FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

813-228-6865

Daytime Phone #

CR2E034 (10/02)