2000 UNIFORM BUSI		RT	(UBR)	7
DOCUMENT # POOOD 101497				*
LITTLE TIGER ENTER	PRISES IN	c	•	
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Principal Place of Business 5237 Wood Stome ein 500Th Mailing Address 5337 Wood South				01 APR 10 AM 9: 28
			lome eir	SECRETARY
AKe Worth, FL 33463	South Lake woi	eTh,	FL 33463	SECRETARY OF STATE TALLAHASSEE FLORIDA
. Principal Place of Business	3. Mailing Adgress			
Suite, Apt. #, etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	City & State			4. FEI Number Applied For Not Applicable
Zip Country	Zip	Count	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
-SALeh, MAY SOON		, ·		P.O. Box Number is Not Acceptable)
Lake worth, FL				
FUF SE VOURTH, 12	33,03		City	FL Zip Code
The above named entity submits this statement for t	hé purpose of changing its	registere	d office or register	
GNATURE L'Signature Typed or printed traine of registered agent and	tule damicable (NOT	- Renistered	Agent signature required	3 / 1 2 / 200 1
Trus corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	DO Fee v	vili be \$550.00	10. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees
OFFICERS AND DI	RECTORS Delete	12. TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
SALIM A. HILD EEIADDRESS 5237 WOODSTOME G	ir. South	NAME STREE	T ADDRÈSS	ODOOO40861205 -04/30/0101002020
E D LAKO WOIRTH, FL 3:	3 <i>U 6 3</i> □ Oelete	CITY-S	ST-ZIP	****150.00 *****150.00
Khaled B. Sale	h	NAME		
ET ADDRESS 5237 Wood STOME ST-ZIP LAKE WURTH FL		CITY-S	T ADORESS ST-ZIP	
BALOH MAYSON	N □ Delete	TITLE		☐ Change ☐ Addition
ELADORESS 5237 WOODSTOME	cir. South 33463	STREET CITY-S	T ADDRESS	
Later WORLD 12	Delete	TITLE		Change Addition
IE IET ADDRESS		i name Street	ADDRESS	
-SI-ZIF		CITY-S	17 - 21P	
	Delete	TITLE NAME		Change Addition
ET ADDRESS		STREET CITY-S	ADDRESS	
3. 2.	☐ Delete	TITLE		A Dichage Addition
E ET ADDRESS		NAME STREET	ADDRESS	~////·
-ST-ZIP		CITY-SI	(
indicated on this report or supplemental report is tru	e and accurate and that m	v signatur	e shall have the sa	ction 119.07(3)(i), Florida Statutes. I further certily that the information ame legal effect as if made under oath; that I am an officer or director
of the corporation or the receiver or trustee empowe changed, or on an attachment with an address, with	red to execute this report a all other like empowered.	s required	d by Chapter 607,	Florida Statutes; and that my name appears in Block 11 or Block 12 if