

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107085

1. Entity Name
ZUREIQ RETAIL GROUP, INC.

Principal Place of Business

P O BOX 420907
KISSIMMEE FL 34742

Mailing Address

P O BOX 420907
KISSIMMEE FL 34742

2. Principal Place of Business

4606 Eagle Peak Dr.

Suite, Apt. #, etc.

3. Mailing Address

4606 Eagle Peak Dr.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34746

Country

City & State

KISSIMMEE FL.

Zip

34746

Country

6. Name and Address of Current Registered Agent

POTLOCK, DAVID R

7345 SANDLAKE RD, SUITE 412
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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 Mike Zureiq

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

(NOTE: Registered Agent signature required when reinstating)

M. Zureiq

4-19-02

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.

TITLE	D	<input type="checkbox"/> Delete
NAME	ZUREIQ, MOHAMMAD	
STREET ADDRESS	P O BOX 420907	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUREIQ, RAED	
STREET ADDRESS	P O BOX 420907	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zureiq, Mike	
STREET ADDRESS	4606 Eagle Peak Dr.	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

407-973-7363

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-01-2002 91581 018 ***150.00

DO NOT WRITE IN THIS SPACE

71-0884645

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/01)