

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91581 018 \*\*\*150.00

**DOCUMENT # P0000107085**

1. Entity Name  
**ZUREIQ RETAIL GROUP, INC.**

Principal Place of Business <b>P O BOX 420907          KISSIMMEE FL 34742</b>	Mailing Address <b>P O BOX 420907          KISSIMMEE FL 34742</b>
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2. Principal Place of Business <b>4606 Eagle Peak Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4606 Eagle Peak Dr.</b> Suite, Apt. #, etc.
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City & State <b>Kissimmee FL.</b>	City & State <b>Kissimmee, FL.</b>
Zip <b>34746</b>	Zip <b>34746</b>
Country	Country

DO NOT WRITE IN THIS SPACE  
**71-0884645**  
 4. FEI Number **APPLIED FOR** Applied For  
 Not Applicable

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 **M. Zureiq** **4-19-02**  
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.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZUREIQ, MOHAMMAD</b> <b>P O BOX 420907</b> <b>KISSIMMEE FL 34742</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Zureiq, Mike</b> <b>4606 Eagle Peak Dr.</b> <b>Kissimmee, FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZUREIQ, RAED</b> <b>P O BOX 420907</b> <b>KISSIMMEE FL 34742</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **4-19-02** **407-973-7363**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/01)