2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000107468 DOCUMENT



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

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRERT ADDRESS CITY-ST-ZIP AMBEL-RAZAK, HUSSEIN A 3132 NW FED HWY JENSEN BEACH FL 34957 Delete NAME SIRERT ADDRESS CITY-ST-ZIP DELSAYED, AHMED A 3132 NW FED HWY JENSEN BEACH FL 34957 Delete NAME SIRERT ADDRESS CITY-ST-ZIP NAME SIRERT ADDRESS CITY-ST-ZIP Delete NAME SIRERT ADDRESS CITY-ST-ZIP Change Addition	CLIQUE,				<u>-</u> -			01-17-2003	90044 04	19 ***1	50.00
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City & State City & State City & City & State City & City & State City &	2. Principal f	Place of Business	3. Mai	iling Address			=				
Section Sect	Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES			
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BLSAYED, AHMED 3094 N.W. FEDERAL HWY JENSEN BEACH FL 34957 City FL City FL City FL City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Divides food or private name or entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Divides food or private name or engaged agent. SIGNATURE Divides food or private name of state of Forda. I am familiar with, and accept the obligations of registered agent or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE DIVIDES IN STATE OF STAT	Zip	Country	Zip		Cour	ntry	5.	Certificate of Status Desired			
Street Address (P.O. 3ox Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registere	ed Agent		Name	7.	Name and Address of New Re	gistered Ag	ent	
City FL Zip Code 6. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE FILE, NOW,!!!	7 3084 N.W	/. FEDERAL HWY				Street Add	ress (P.O. E	Gox Number is Not Acceptable)			
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 lamiliar with, and accept the cologations of registered agent. SIGNATURE SIGNATURE						City				Zip Co	de
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		certify that the information supplied with	this filing	does not qualify for t			in Section	119 07/3Vi) Florida Statutas 15	irther portif	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 attachmen; with an address with all other like empowered.

GNATURE:

Amendmental 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 Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #