

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90625 024 ***150.00

553127

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000111002																																			
1. Entity Name BOUNEMRI'S, INC.																																			
Principal Place of Business 1718 N. GOLDENROD RD. SUITE 4 ORLANDO, FL 32807		Mailing Address 1718 N. GOLDENROD RD. SUITE 4 ORLANDO, FL 32807																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 215 NORTH EOLA DRIVE Suite, Apt. #, etc.																																	
City & State Zip		City & State ORLANDO, FL Zip 32801																																	
Country Country		Country USA																																	
4. FEI Number 59-3693799		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent JULIA L. PREY 215 NORTH EOLA DRIVE ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>																																	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME DPST STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> <input type="checkbox"/> Delete BOUNEMRI, MOHAMED 1718 N. GOLDENROD RD. ORLANDO, FL 32807 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME DPST STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BOUNEMRI, MOHAMED 1718 N. GOLDENROD RD. ORLANDO, FL 32807															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		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:		Date 4/25/01																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MOHAMED BOUNEMRI, PRESIDENT		Date _____ Daytime Phone # _____																																	

CR2E034 (11/00)