

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 003 ***150.00

DOCUMENT # P010000002941

1. Entity Name

AMMAN MAZ CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 NE 156TH ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH, FL.

City & State

SAME

4. FEI Number

65-1066186

Applied For

Not Applicable

Zip

33162

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH SHOMAR

Street Address (P.O. Box Number is Not Acceptable)

5190 NW 167TH STREET #113

City

MIAMI

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

Joseph Shomar

Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered agent signature required when re-registering)

4/30/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 PT
NAME ABDEL-WAHAB ZUBI, MUSA'B
STREET ADDRESS 15 NE 156 ST
CITY-ST-ZIP N. MIAMI BEACH, FL. 33162

TITLE VPS
NAME REFAT ALTAUOL
STREET ADDRESS 15 NE 156 ST
CITY-ST-ZIP N. MIAMI BEACH, FL. 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E0345 (12/01)