

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90043 039 \*\*\*150.00

**DOCUMENT # P01000015441**

1. Entity Name  
**TWO BROTHERS GIFT SHOP, INC.**



Principal Place of Business  
**5859 AMERICAN WAY  
ORLANDO, FL 32819**

Mailing Address  
**7400 INTERNATIONAL DR.  
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

**7802 Kingspointe Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 207-B**

City & State

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32819**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3698814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUBARAK, YOUSEF A  
11980 REEDY CREEK DR., #105  
ORLANDO, FL 32836**

Name

**S.A.O. Services, Inc.**

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

**7802 Kingspointe Pkwy**

**Suite # 207-B**

City **Orlando**

**FL**

Zip Code  
**32819**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

**04/22/03**

DATE

FILE NOW!! FEE IS \$160.00

After May 1, 2003 Fee will be \$560.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MUBARAK, YOUSEF A  
11980 REEDY CREEK DR., #105  
ORLANDO, FL 32836**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
MUBARAK, RASHED  
11980 REEDY CREEK DR., #105  
ORLANDO, FL 32836**

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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CH2E034 (10/02)