

2002 UNIFORM BUSINESS REPORT (UBR)

5/28

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-28-2002 91789 035 ***150.00

DOCUMENT # P01000021657

1. Entity Name

FADI GROUP INC.

Principal Place of Business

190 MALABAR RD. NW
 STE. 117
 PALM BAY FL 32907

Mailing Address

190 MALABAR RD. NW
 STE. 117
 PALM BAY FL 32907
 DEPARTMENT OF STATE

38400

2. Principal Place of Business

1270N WICKHAM RD

3. Mailing Address

1270 N WICKHAM RD

Suite, Apt. #, etc.

#12

Suite, Apt. #, etc.

#12

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip 32935

Country

Zip 32935

Country

4. FEI Number

59-3707943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HATOUM, SAM
 190 MALABAR RD. NW
 STE. 117
 PALM BAY FL 32907

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

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.
 (See criteria on back) ☐

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

TITLE ☐ Delete

NAME D
 STREET ADDRESS HATOUM, SAM
 CITY-ST-ZIP 2331 PALM PLACE NE
 PALM BAY FL 32905

TITLE ☐ Delete

NAME D
 STREET ADDRESS EMRO, FADI
 CITY-ST-ZIP 2331 PALM PLACE NE
 PALM BAY FL 32905

TITLE ☐ Delete

NAME D
 STREET ADDRESS HATOUM, ROLA
 CITY-ST-ZIP 2331 PALM PLACE NE
 PALM BAY FL 32905

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 321-257-9966

Date

Daytime Phone #

CR2E034 (9/01)