

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P011000029323

1. Entity Name

American Middle-East Trading Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

911-913 Skyway Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa FL

4. FEI Number

59-3712562

Applied For

Not Applicable

Zip

Country

Zip

33604

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HUTHAYFA A. ABUHALIMEH

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

911-913 Skyway Ave

City

Tampa

FL

Zip Code

33604

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Huthayfa Abulhalimeh

Signature typed or printed name of registered agent and file # (if applicable)

(NOTE: The potential Agent signature required when transferring)

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 \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
ADEL A. ABUHALIMEH (New) on 6/1/02
911-913 Skyway Ave
Tampa FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
New (Pres)
HUTHAYFA A. ABUHALIMEH (New)
911-913 Skyway Ave
Tampa FL 33604

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

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)(j), 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 duly empowered.

SIGNATURE:

Huthayfa Abulhalimeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034B (12/01)

~~Huthayfa A. Abuhlimeh~~
President