2002 UNIFORM BUSINESS REPORT (UBR)

Sep 08, 2002 8:00 am Secretary of State DOCUMENT # P01000038519 1. Entity Name 09-08-2002 90137 032 ***150.00 ARABICUSA.COM, INC. Principal Place of Business Mailing Address 1303 NORTH STATE ROAD 7 1303 NORTH STATE ROAD 7 MARGARET FL 33063 MARGARET FL 33063 2. Principal Place of Business 3. Mailing Address 1303 N state RD 7 1303 N sta Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 84 B4 City & State City & State 4. FEI Number Applied For Marga Hazgar 65-1093111 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD 330<u>6</u>3 BRoware 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mohanad-AL Sawa ELSAMAF, MOHAMAD Street Address (P.O. Box Number is Not Acceptable) 4305 W ATLANTIC BLVD APT 805 **COCONUT CREEK FL 33066** City COCOMUT CZEER <u> 33066</u> 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. 7/01.02 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PResident TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME Mohamad ALSawaf STREET ADDRESS STREET ADDRESS 4305 W ATLANTIC BLUD # 905 CITY-ST-ZIP CITY-ST-ZIP COCOMUTCREEK, FL. 33066 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

07/01.02 954-818-1491

FILED

Attordiment

ARABICUSA.COM, INC 1303 N State RD 7 Suite B4, Margate F1, 33063

Florida Department Of State Division Of Corporations P.O.Box 6327 Tallahassee, FL, 32314

9/3/2002

Dear Sir/Madam,

We're sending your department this application to renew our company's name: (Arabicusa.com,Inc), lately, we haven't received any application from you, and by the time we did, the due date had already passed, so we contacted your representative and she advised us to send a check with the amount of \$150.00. Kindly, drop the penalties.

Best regards, Mohanad Sawaf