

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90187 002 ***150.00

0196631 AV

DOCUMENT # P01000038519

1. Entity Name
ARABICUSA.COM, INC.



Principal Place of Business
**1303 NORTH STATE ROAD 7
MARGARET FL 33063**

Mailing Address
**1303 NORTH STATE ROAD 7
MARGARET FL 33063**



2. Principal Place of Business
1303 N state RD 7
Suite, Apt. #, etc.
B4

3. Mailing Address
1303 N state RD 7
Suite, Apt. #, etc.
B4

City & State
Margate, FL

City & State
Margate, FL

Zip Country
33063 Broward

Zip Country
33063 Broward

4. FEI Number **65-1093111**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AL SAWAF, MOHAMAD
4305 W ATLANTIC BLVD APT 805
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name **Mohamad AL Sawaf**
Street Address (P.O. Box Number is Not Acceptable)
4305 W ATLANTIC BLVD #805
City **Coconut Creek** FL Zip Code **33066**

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 **Mohamad Alsawaf President** **4.5.03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALSAWAF, MOHAMAD 4305 W ATLANTIC BLVD #805 COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mohamad Alsawaf** **4.5.03** **954-818-1491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)