FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003

FILED
03 DEC -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000038920

1. Entity Name: MUSTAFA HADID PA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-03

2. Principal Place of Business	3. Mailing Address
5713 CLIMBING ROSE WAY	5713 CLIMBING ROSE WAY
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: U.S.	Zip: 32771 Country: U.S.

4. FEI Number: 59-3713243 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MUSTAFA HADID

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

5713 CLIMBING ROSE WAY

City: SANFORD FL Zip Code: 32771

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: _____ 11/25/03

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) ☐

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: PRES. D.	TITLE:
NAME: MUSTAFA HADID	NAME:
STREET ADDRESS: 5713 CLIMBING ROSE WAY	STREET ADDRESS: 900025158819
CITY-ST-ZIP: SANFORD, FL 32771	CITY-ST-ZIP: 12/02/03--01039--020 **300.00
TITLE: V.P. D.	TITLE:
NAME: MARTHA HADID	NAME:
STREET ADDRESS: 5713 CLIMBING ROSE WAY	STREET ADDRESS:
CITY-ST-ZIP: SANFORD, FL 32771	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS: **DO NOT WRITE**
CITY-ST-ZIP:	CITY-ST-ZIP: **IN THIS SPACE**
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

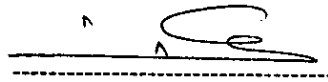
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MUSTAFA HADID PA
5713 CLIMBING ROSE WAY
SANFORD FL 32771

PLEASE WAIVE ALL PENALTIES AND ACCEPT MY CHECK FOR 300 DOLLARS COVERING 2002 AND 2003. I DID NOT RECEIVE ANY REPORTS FOR THOSE YEARS. I CALLED THE DIVISION OF CORPORATION AND WAS TOLD TO SEND THIS REPORT WITH 300 DOLLARS TO REINSTATE.



MUSTAFA HADID 11-24-03