

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90352 032 \*\*\*150.00

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DOCUMENT # P01000048773

1. Entity Name

IMPERIAL CONSOLIDATED FINANCIAL CORP.

Principal Place of Business

~~19118 AUTUMN WOODS AVENUE~~  
~~TAMPA FL 33647~~

Mailing Address

POST OFFICE BOX 280084  
 TAMPA FL 33682

2. Principal Place of Business

8875 Hidden River Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City &amp; State

TAMPA, FL 33637

Zip

33637

Country

USA Hillsborough

Country

4. FEI Number

59-3721819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL &amp; UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

AHMAD AMOUDI

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

8875 Hidden River Parkway

Suite # 300

City

TAMPA

FL

Zip Code

33637

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 AHMAD AMOUDI, President

(NOTE: Registered Agent Signature Required when reinstating)

3/28/02

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 PD ☐ Delete  
 NAME AMOUDI, AHMAD  
 STREET ADDRESS 19118 AUTUMN WOODS AVENUE  
 CITY-ST-ZIP TAMPA FL 33647

TITLE VS ☐ Delete  
 NAME HAMED, HATEM A  
 STREET ADDRESS 19118 AUTUMN WOODS AVENUE  
 CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 VS ☒ Change ☐ Addition  
 NAME HAMED, HATEM A  
 STREET ADDRESS 18201 WIMBLEDON GREEN PLACE  
 CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

AHMAD AMOUDI, President

(813) 971-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/28/02

Daytime Phone #

CR2E034 (9/01)