					1		
				-			
200	2 UNIFORM BUSI	NESS REPO	RT (UBF	R)	·		
DOCUMENT # P0100058049					ru ch		
1. Entity Name					ÁLED		
PHONE	OMENA INCORPORATED				02 OCT 16 AM 10: 34		
				İ	02.001.10 MU10.34		
1	ce of Business	Mailing Address			SECRETARY OF STATE / FALLAHASSEE, FLORIDA		
10504 S.W. 51ST LANE				ĺ	IALLAHASSEE, FLORIDA		
CAMEVILLE PE S2000					1 (481186) 111 88181 11811 88111 88111 88111	18: 8:10: :=::: aa	141 016 18 1841 1841
Principal Place of Business							
2. Principal Place of Business 101 SE 2nd Place 3. Mailing Address 2nd Place				G			
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN TH	IS SPACE	
City & State City & State				4.	FEI Number	20-11	Applied For
	nesville, Th	Camesvill		• "	74-3055	シンフニー	Not Applicable
^{Zip} 3.2	60 Country	32601-	Country		Certificate of Status Desired	\$8.75 A	
7 Name and Address of Guitefit Registered Agent 7					Name and Address of New Registere		
HELAL, ABDELSALAM							
10304 3.44. 3131 LAME				Street Address (P.O. Box Number is Not Acceptable)			
GAINEVILLE FL 32608							·
	100		City		F		
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 OCT 11, 2002							
Signature, typedor period 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. After September 13, 200			FEE IS \$550.00	0 \$750.00	. 10. Election Campaign Financing	\$5.	00 May Be
(See criteria on back) Make Check Payable to			to Department	of State	Trust Fund Contribution.		ed to Fees
11.	OFFICERS AND DI		12.	AE	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 11
NAME	HELAL, ABDELSALAM	☐ Delete	TITLE NAME		30000844	Change	Addition
STREET ADDRESS CITY-ST-ZIP	10504 S.W. 51ST LANE GAINEVILLE FL 32608		STREET ADDRESS		10/18/0201023018	**750.	00
TITLE	S	□ Delete	CITY-ST-ZIP				
NAME	HELAL, MELINDA	Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	10504 S.W. 51ST LANE GAINEVILLE FL 32608		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		- ;_ ·	☐ Change	Addition
NAME STREET ADDRESS			NAME			ondings	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	,	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				

CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

0d-11, 2002

321-228-2030

☐ Change

☐ Change

Addition

Addition