

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 003 ***150.00

0034897 AV

DOCUMENT # P01000062110

1. Entity Name

PORT-SAID ENGINEERING AND CONTRACTING OFFICE, INC.



Principal Place of Business
2661 S COURSE DR #610
POMPANO BEACH FL 33069
US

Mailing Address
2661 S COURSE DR #610
POMPANO BEACH FL 33069
US

2. Principal Place of Business

2661 S. Pompano
Suite, Apt. #, etc.
610

3. Mailing Address

2661 S course Dr
Suite, Apt. #, etc.
610

City & State

Pompano FL

City & State

Pompano FL

Zip **33069** Country **Broward**

Zip **33069** Country **USA**

4. FEI Number **65-1122590**

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

SALEM, JASMINE
2215 CYPRESS ISLAND DR
202
POMPANO FL 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Yasmin Salem** **Yasmin Salem** **8/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SALEM, ABDOU A	450 EGREK CIRCLE	DELRAY BEACH FL 33444	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<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: **ASALEM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/03
Date

Daytime Phone #

CR2E034 (4/03)