

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90493 006 ***150.00

DOCUMENT # P01000086497

1. Entity Name

STRETCH A DOLLAR, INC.

Principal Place of Business

**5011 SAGO PALM CIRCLE
TAMARAC FL 33319**

Mailing Address

**5011 SAGO PALM CIRCLE
TAMARAC FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5556 West OAKLAND PK BLVD

3. Mailing Address

5556 West OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL.

City & State

LAUDERHILL, FL.

4. FEI Number

65-1140480

Applied For

Not Applicable

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EL'ABED, HASSAN
5011 SAGO PALM CIRCLE
TAMARAC FL 33319**

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.

SIGNATURE

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) ☐

**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 **D** ☐ Delete
NAME **EL'ABED, HASSAN**
STREET ADDRESS **5011 SAGO PALM CIRCLE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

HASSAN ELABED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 9544947016

Date

Daytime Phone #

CR2E034 (9/01)