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Applied For

2002 UNIFOR	RM BUSINESS REPORT	(UBR)
DOCUMENT #	P01000100376	

AMIRCO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

19405 VIA DEL MAR APARTMENT 203 TAMPA FL 33647

19405 VIA DEL MAR APARTMENT 203 TAMPA FL 33647

Principal Place of Business 4405 Via Del Mat	3. Mailing Address 19405 Via Del Mar
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90011 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

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Zip 3364	7 Country H.S.A	Zip 33647	Country M·S·A	5.	Certificate of Status Desired		8.75 Ade e Require		
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent					1
, NHALIEA	MOUAMED		Name		AMED I KHA				
1 7 -	MOHAMED I			Street Address (P.O. Box Number is Not Acceptable) 19405 VIA DEL MAH APF 203					İ
19405 VIA			79.	105 V	ia Del Mat	APE	203		┨
APARTME	:NT 203								İ
tampa fi	L 33647		City	Tamp	a	FL	Zip Cod	647	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office o	r registered a	gent, or both, in the State of F	Florida.			
	Ma HAMEA F	VUAL (EA	_		A thabilac	01- U-	. 00		
SIGNATURE .	Mo HAMEO . I . Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signat			01-4-			
		1							-
	oration is eligible to satisfy its Intangible		! FEE IS \$150.		10. Election Campaign F	inancing	\$5.0	May Be	
	requirement and elects to do so. ria on back)	After May 1, 200 Make Check Payabl			Trust Fund Contribut	ion.		to Fees	
			· · · · · · · · · · · · · · · · · · ·						1
11.	OFFICERS AND C		12.	,	DDITIONS/CHANGES TO OF				┨ _═
TITLE	PTD	☐ Delete	TITLE	PTD	M. Easa	a L	→ Change	☐ Addition	16
NAME	KHALIFA, MOHAMED I		NAME	AMI	ra M. Fara Via Del Ma	J MAL-			1 4
STREET ADDRESS	19405 VIA DEL MAR, APT, 203		STREET ADDRESS	19 405	VIA DEL PIA	r npra	203		8
CITY-ST-ZIP	TAMPA FL 33647	·	CITY-ST-ZIP		0a FL 3364				CR2E034 (9/01)
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NAME	FARAG, AMIRAED M		NAME	MOHA	via Del Mo	u. Ant	غ ۾ ج		
STREET ADDRESS	19405 VIA DEL MAR, APT, 203		STREET ADDRESS	19405	VIA IJEL PIO	Th whe	20)		
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TITLE		☐ Delete	TITLE				Change	☐ Addition	ľ

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: MOHAMED TOWNHALIFA Whenelkhelike

813 - 5469566 813-3689977