

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107213

1. Entity Name
THE MEDITERRANEAN ENTERPRISES OF TAMPA, CORPORAT
ION

Principal Place of Business
10440 N. DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address
10440 N. DALE MABRY HIGHWAY
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3754905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EL ALAMI, SAID
18001 RICHMOND PLACE, #130
TAMPA FL 33647

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EL ALAMI, SAID
18001 RICHMOND PLACE
TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500008018165--9
-09/25/02--01058--002
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NAZH, NOURIDDIN
5816 TAYWOOD AVENUE
TAMPA FL 33624 ☒ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

08-21-02

9607913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Report

CR2E034 (4/02)

FILED

02 SEP 11 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Attachment #PD1000107213 *q-26541* *2002*
August 21, 2001

To Whom It May Concern:

I am writing you on behalf of the "Mediterranean Enterprise", we never received a statement for the corporate dues of \$150.00 dollars. I spoke to one of your representatives and they informed me to send a letter advising of the above along with a check for the \$150.00 dollars and this would make my account current.

Regards,

Said Elalami

Mediterranean Enterprise

Phone: 813-960-7913

Fax: 813-960-5493

Check of \$150.00 dollars enclosed.