

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000108539 1. Entity Name MUBARAK CAPITAL GROUP OF FLORIDA, INC.				 ✓																																																																																	
Principal Place of Business 2121 BARCELONA WAY SOUTH ST PETERSBURG, FL 33712		Mailing Address 2121 BARCELONA WAY SOUTH ST PETERSBURG, FL 33712																																																																																			
2. Principal Place of Business		3. Mailing Address																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																			
City & State		City & State		4. FEI Number 59-3758185																																																																																	
Zip		Zip		Country																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																	
6. Name and Address of Current Registered Agent ABDULLAH, DELLA H 2121 BARCELONA WAY SOUTH ST PETERSBURG, FL 33712				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 _____ DATE _____																																																																																					
Signature required on printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required within 30 days.)																																																																																					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: center;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>ABDULLAH, TAALIS</td> <td>2121 BARCELONA WAY S ST PETERSBURG, FL 33712</td> <td></td> </tr> <tr> <td></td> <td>DS</td> <td>ABDULLAH, DELLA</td> <td>2121 BARCELONA WAY S ST PETERSBURG, FL 33712</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete		DP	ABDULLAH, TAALIS	2121 BARCELONA WAY S ST PETERSBURG, FL 33712			DS	ABDULLAH, DELLA	2121 BARCELONA WAY S ST PETERSBURG, FL 33712																											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: center;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition																																			
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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 of other like address.																																																																																					
SIGNATURE: _____ 4/20/03 727-867-1705																																																																																					

80102181



☐ CHECK HERE IF MAKING CHANGES

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