

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90062 043 \*\*\*150.00

**DOCUMENT # P01000109016**

1. Entity Name  
**AHLAMCO CORP.**

Principal Place of Business  
**7147 MERRILL RD.  
 JACKSONVILLE FL 32277**

Mailing Address  
**7147 MERRILL RD.  
 JACKSONVILLE FL 32277**

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 **59-3755630**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHOWDHURY, RADWAN B  
 5975 ARLINGTON EXPRESSWAY  
 JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **AHLAM E. ABDON**

Street Address (P.O. Box Number is Not Acceptable)

**7925**  
**7925 Merrill Rd #1716**

City **Jacksonville**

**FL**

Zip Code **32277**

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 **Ahlam Elwan Abdou "president"**

**11/12/2002**

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 **PST**  
 NAME **ABDON, AHLAM E**  
 STREET ADDRESS **7147 MERRILL RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 NAME  
 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: **Ahlam E. Abdou "president"**

**01/01/02**

**904 699 6576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)