

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000111155

1. Entity Name YOUSRI INC.
8201 NW 17th. AVENUE
MIAMI FL. 33147

FILED

09 JUN 25 AM 9:36

CLERK OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
8201 NW 17th. AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL.

City & State

City & State

Zip
33146

Country
DADE

Zip

Country

600156726236

06/03/09--01022--017 **1800.00

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4. FEI Number
65-1154585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Abeer Mounser HIRAWI

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

199-22 SW 3rd PL

Pembroke Pines

City

FL

FL

Zip Code

33026

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres. V.P. S/T.
Abeer Mounser HIRAWI
199-22 SW 3rd PL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pembroke Pines
FL 33026

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4-10-09

Date

Daytime Phone # 305 693-5570