

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-06-2003 90027 035 ***150.00

DOCUMENT # P02000007921

1. Entity Name
IDRISS ENTERPRISES, INC.



Principal Place of Business
**3200 N PORT ROYAL DRIVE. #1108
FORT LAUDERDALE FL 33308**

Mailing Address
**3200 N PORT ROYAL DRIVE. #1108
FORT LAUDERDALE FL 33308**

55004131



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

800031775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROYALE MANAGEMENT SERVICES, INC.
2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name: **Mohamed Idress**
Street Address (P.O. Box Number is Not Acceptable):
111 N. Pompano Bch Blvd #711
Pompano FL 33062
City: **FL** Zip Code: **33062**

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

1/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE: **PD** ☐ Delete
NAME: **IDRISS, ALI**
STREET ADDRESS: **3200 N PORT ROYAL DRIVE. #1108**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33308**

TITLE: **Vice President** ☐ Delete
NAME: **Idress, Mohammed**
STREET ADDRESS: **111 N. Pompano Bch Blvd #711**
CITY-ST-ZIP: **Pompano Bch. 33062**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 (954) 8066642

Date

Daytime Phone

CR2E034 (10/02)