


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90493 041 ***150.00

DOCUMENT # P02000044963

1. Entity Name
LIDO RESTAYRANT CORP.



Principal Place of Business
**19071 US HWY 27
LAKE WALES FL 33853**

Mailing Address
**19071 US HWY 27
LAKE WALES FL 33853**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 01-0684231		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENJAMAA, HASSANE 19071 US HWY 27 LAKE WALES FL 33853				Name DP			
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete		TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BENJAMAA, HASSANE			NAME		
STREET ADDRESS P O BOX 492			STREET ADDRESS 19071 US HWY 27		
CITY-ST-ZIP NEW YORK NY 10011			CITY-ST-ZIP LAKE WALES FL 33853		
TITLE D	<input type="checkbox"/> Delete		TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BENJAMAA, ALI			NAME		
STREET ADDRESS 19071 US HWY 27			STREET ADDRESS		
CITY-ST-ZIP LAKE WALES FL 33853			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME BENJAMAA, SALOUA		
STREET ADDRESS			STREET ADDRESS 19071 US HWY 27		
CITY-ST-ZIP			CITY-ST-ZIP LAKE WALES FL 33853		
TITLE	<input type="checkbox"/> Delete		TITLE D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME MAMDOUH ABELTIF		
STREET ADDRESS			STREET ADDRESS 19071 US HWY 27		
CITY-ST-ZIP			CITY-ST-ZIP LAKE WALES FL 33853		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-27-03**

Daytime Phone # _____

CR2E034 (10/02)