

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

DOCUMENT # P02000098132

1. Entity Name

TOURAM SPICES CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3071 SW 27th

3. Mailing Address

Suite, Apt. #, etc.

APT. 8

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

48-1279649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEDAL H. YARBOUT

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

3071 SW 27TH AVE. APT 8

City

MIAMI

FL

Zip Code

33133

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Nedal H. Yarbout
3071 SW 27th Ave. Apt 8 Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with or without, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

305-596-6392

Daytime Phone #

FILED
03 OCT 28 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

700024421877
11/04/03--01063--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

TOURAM SPICES CORP.

3071 SW 27TH AVE. APT. 8
Miami, FL 33133 - 4643

Ref. UNIFORM BUSINESS REPORT

October 21, 2003

Document Number: P02000098132

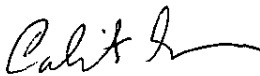
Uniform Business Report

Division of Corporation
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our check for \$150.00 relate to 2003 Annual Report, and accept our apologies for send it later, but we have never received said form. Appreciate this is the first year that the company had operation.

Thank you very much for your attention,



Calixto Gonzalez
Accountant

Cc. Neldal H. Yarbout, President