

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000056328

1. Entity Name
F S H B ENTERPRISES, INC.



Principal Place of Business
360 WEST AVENUE A
BELLE GLADE, FL 33430

Mailing Address
200 S MAIN ST
BELLE GLADE, FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132008

Chg-P

CR2E034 (12/06)

4. FEI Number
51-0468360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEFFERNAN & ASSOCIATES
200 S MAIN ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR Is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00, May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P, S
NAME SHATARA, FARRIS ☒ Delete
STREET ADDRESS 200 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VP, T
NAME BARHOUSH, HANI ☒ Delete
STREET ADDRESS 325 S.W. 1ST STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

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 P.S. ☒ Change ☐ Addition
NAME SHATARA ABDUL
STREET ADDRESS 200 S. main St.
CITY-ST-ZIP Belle Glade FL-33430

TITLE V. ☒ Change ☐ Addition
NAME SHATARA GHASIBA
STREET ADDRESS 200 S. main St.
CITY-ST-ZIP Belle Glade FL-33430

TITLE S. ☒ Change ☐ Addition
NAME Barhous Sama
STREET ADDRESS 325 S.W. 1st St.
CITY-ST-ZIP Belle Glade FL-33430

200132068572
07/02/08--01010--004 **\$1.25

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

