

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90442 006 \*\*\*150.00

**DOCUMENT # P93000024617**

1. Entity Name

NEJAME'S TABOULE, INC.

Principal Place of Business

1020 SUNSHINE LANE  
 UNIT 1103  
 ALTAMONTE SPRINGS FL 32714  
 US

Mailing Address

101 STARLING LANE  
 LONGWOOD FL 32779-4921  
 US

2. Principal Place of Business

830 S County Rd 427

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 262

City & State

Longwood FL

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3169431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEJAME, ALAN  
 101 STARLING LANE  
 LONGWOOD FL 32779-4921

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	NEJAME, ALAN	
STREET ADDRESS	101 STARLING LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DEMETREE, MICHELLE	
STREET ADDRESS	224 SPRINGSIDE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alan Nejame, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)