

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

DOCUMENT # P93000050958

1. Entity Name
NO. 5, INC.



02-12-2003 90126 002 ****70.00
03-17-2003 91050 049 ****88.75

Principal Place of Business
**1440 49TH ST S
ST PETERSBURG FL 33707
US**

Mailing Address
**1440 49TH ST S
ST PETERSBURG FL 33707
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3192411

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABDELRAHMAN, ASHRAF
11601 4TH STREET N. #3905
SAINT PETERSBURG FL 33716**

Name **ABDELRAHMAN, ASHRAF**
Street Address (P.O. Box Number is Not Acceptable)
501 116th Ave. N. # 301
City **Saint Petersburg** FL Zip Code **33716**

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

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 **DPVT** Delete
NAME **ABDELRAHMAN, ASHRAF**
STREET ADDRESS **11601 4TH STREET N. #3905**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **DPVTS** Change Addition
NAME **Ashraf Abdelrahman**
STREET ADDRESS **501 116th Ave. N. # 301**
CITY-ST-ZIP **Saint Petersburg, FL 33716**

TITLE **S** Delete
NAME **ANIS SAED, WALID**
STREET ADDRESS **601 116TH AVENUE N., #21**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 (707) 327-7620

Date

Daytime Phone #

CRS E034 (10/02)