## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2001 08:00 AM DOCUMENT # P9400007081 1. Entity Name **Secretary of State** GUYS AND DOLLS 59 PLUS, CORP. Principal Place of Business Mailing Address 12731 TROWBRIDGE LN P O BOX 271762 TAMPA FL TAMPA FL33624 33688 2. Principal Place of Business 3. Mailing Address 12731 TROWBRIDGE LN P O BOX 271762 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL TAMPA TAMPA 59-3217787 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33624 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIZI 12731 TROWBRIDGE LN Street Address (P.O. Box Number is Not Acceptable) TAMPA 33624 US 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. 01/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) MAME NAME GAMEA ALY STREET ADDRESS 12731 TROWBRIDGE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA 33624 ☐ Delete TITLE VP/T X Change NAME ELTOUMI SAMMY NAME GAMEA AHMED STREET ADDRESS 12731 TROWBRIDGE LANE STREET ADDRESS 12731 TROWBRIDGE LANE CITY-ST-ZIP TAMPA $\mathbf{FL}$ CITY-ST-ZIP FL33624 TAMPA ☐ Delete TITLE P/C X Change ☐ Addition YOUNG ZIZI NAME YOUNG ZIZI STREET ADDRESS 12731 TROWBRIDGE LN STREET ADDRESS 12731 TROWBRIDGE LN CITY-ST-ZIP TAMPA 33624 CITY-ST-ZIP TAMPA FL. 33624 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_ZIZI-A. YOUNG 01/16/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #