FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P94000014571

1. Entity Name

Rabah Sons Enterprises Inc

DO NOT WRITE IN THIS SPACE

U00000306158
04/15/05-80003-015 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
210 Avenue C		59-3227581	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: Geneva, Fl	City & State		
Zip: 32732 / Country	Zip / Country		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rabah Ali

Street Address (P.O. Box Number is Not Acceptable): 210 Avenue C

City: Geneva **FL** Zip Code: 32732

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11.	
TITLE	Director	TITLE	
NAME	Rabah, Ali	NAME	
STREET ADDRESS	210 Avenue C	STREET ADDRESS	
CITY-ST-ZIP	Geneva, Fl,32732	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Rabah, Maria C	NAME	
STREET ADDRESS	210 Avenue C	STREET ADDRESS	
CITY-ST-ZIP	Geneva, Fl,32732	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
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CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Ali S. Rabah Ali S. Rabah Pres 3/11/2004 407 365 0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #