

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90040 050 \*\*\*150.00

**DOCUMENT # P94000077274**

1. Entity Name

**KASSEM INVESTMENT CORPORATION**

Principal Place of Business

Mailing Address

340 SW 26TH RD  
 MIAMI FL 33129

340 SW 26TH RD  
 MIAMI FL 33129-2225

**913501**

2. Principal Place of Business

3. Mailing Address

**7225 NW 25 STREET**

**7150 S.W 100 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**203**

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**PINECREST FL**

4. FEI Number

**65-0528345**

Applied For  
 Not Applicable

Zip

**33122**

Country

**U.S.A**

Zip

**33156**

Country

**U.S.A**

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

**KASSEM, ABBAS I**  
**340 SW 26TH RD**  
**MIAMI FL 33129**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **DPT**  Delete  
 NAME **KASSEM, ABBAS I**  
 STREET ADDRESS **340 SW 26TH RD**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **KASSEM, NAJEBE**  
 STREET ADDRESS **340 SW 26TH RD**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **LOPEZ, MARIA-ELENA**  
 STREET ADDRESS **340 SW 26TH RD**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **S**  Change  
 NAME **NAJEBE KASSEM**  
 STREET ADDRESS **7150 SW 100 STREET**  
 CITY-ST-ZIP **PINECREST FL 33156**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  
 NAME  
 STREET ADDRESS  
 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-2000 (305)!!!**

Date Daytime Phone #