

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000077274

FILED  
May 01, 2003  
Secretary of State

Entity Name: KASSEM INVESTMENT CORPORATION

**Current Principal Place of Business:**

1716 NW 82 AVENUE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

7150 SW 100 ST  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 65-0528345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASSEM, ABBAS I  
7150 SW 100 STREET  
PINECREST, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: KASSEM, ABBAS I  
Address: 7150 SW 100 STREET  
City-St-Zip: PINECREST, FL 33156

Title: SV ( ) Delete  
Name: KASSEM, NAJEBE  
Address: 7150 SW 100 ST  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBAS KASSEM

DPT

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date