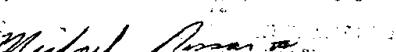
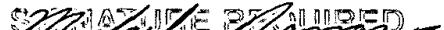


2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P94000091645
1. Entity Name
MICHAEL NASSAR, INC.
Principal Place of Business
**300 SE 12TH STREET
POMPANO BEACH FL 33060
US**
Mailing Address
**300 SE 12TH STREET
POMPANO BEACH FL 33060
US**
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip
Zip
Country
6. Name and Address of Current Registered Agent
7. Name and Address of New Registered Agent
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**
**10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees**
11. OFFICERS AND DIRECTORS
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
**TITLE DPV
NAME NASSAR, MICHAEL
STREET ADDRESS 300 SE 12TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060**
 Delete
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change Addition
**TITLE ST
NAME NASSAR, MICHAEL
STREET ADDRESS 300 SE 12TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060**
 Delete
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change Addition
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Delete
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change Addition
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Delete
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change Addition
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Delete
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/8/02 1551783-0033
Date
Daytime Phone #
**0170140
AV**
**FILED
Jan 14, 2002 8:00 am
Secretary of State**
01-14-2002 90001 003 *150.00**

DO NOT WRITE IN THIS SPACE
CR2E034 (9/01)