

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90436 022 ***150.00

DOCUMENT # P95000005492
 1. Entity Name
BEMAK GROUP CORPORATION

Principal Place of Business Mailing Address
15569 SW 112TH DR. MIAMI FL 33196 **15569 SW 112TH DR. MIAMI FL 33196-5223**

2. Principal Place of Business Suite, Apt. #, etc.
SAME
 3. Mailing Address Suite, Apt. #, etc.
SAME

City & State Zip Country
MIAMI FL 33196

4. FEI Number **65-0561063** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HUSN, AFF A
13913 S.W. 93 L
4213
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **AFIF ABULHUSA**
 Street Address (P.O. Box Number is Not Acceptable) **15569 SW 112 DR.**
MIAMI
 City **FL** Zip Code **33196**

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 **AFIF ABULHUSA** (Signature, typed or printed name of registered agent and title if applicable.)
 DATE **4-27-2000** (NOTE: Registered Agent signature required when re-registering.)

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** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ABOULHOSN, EDWARD I 15569 SW 112TH DR. MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ABOULHOSN, AFIF J 13913 SW 93L MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ABOULHOSN, AFIF J JR 8006 SW 149 AVE MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AFIF ABULHUSA 15569 SW 112 DR. - PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EDWARD ABOULHOSA Vic. PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the like empowered.

SIGNATURE: **AFIF ABULHUSA** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 Date **4-27-2000**
 Daytime Phone # **305-979-9220**

C.F. 0-14 (9/99)