

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90074 047 ***150.00

DOCUMENT # P95000005492

1. Entity Name

BEMAK GROUP CORPORATION



Principal Place of Business

**15569 SW 112TH DR.
MIAMI FL 33196**

Mailing Address

**15569 SW 112TH DR.
MIAMI FL 33196**

2. Principal Place of Business

15569 SW 112TH DR.

3. Mailing Address

15569 SW 112TH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

65-0561063

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABULHUSN, AFIF
15569 SW 112 DR
MIAMI FL 32196**

7. Name and Address of New Registered Agent

Name

AFIF ABULHUSN

Street Address (P.O. Box Number is Not Acceptable)

15569 SW 112TH DR

City

MIAMI, FLA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **P** ☐ Delete
NAME **ABULHUSN, AFIF**
STREET ADDRESS **15569 S.W. 112 DR**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VP** ☒ Delete
NAME **ABULHUSN, EDWARD**
STREET ADDRESS **13913 SW 93L**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VP** ☐ Delete
NAME **ABULHUSN, AFIF JR**
STREET ADDRESS **8006 SW 149 AVE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Joseph Kiwan Abulhusn**
STREET ADDRESS **9603 SW 158th Ct**
CITY-ST-ZIP **MIAMI, FLA 33196**

TITLE **VP** ☐ Change ☐ Addition
NAME **AFIF ABULHUSN JR.**
STREET ADDRESS **9603 SW 158th Ct.**
CITY-ST-ZIP **MIAMI, FLA 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if 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

1/20/03

Date

305-400-6728

Daytime Phone #

CR2E034 (10/02)