

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091094

1. Entity Name
ZUREIQ HOUSING CO:

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90122 013 ***150.00

Principal Place of Business

~~4630 PRAIRIE POINT~~
~~KISSIMMEE FL 34746~~

Mailing Address

~~P.O. BOX 700656~~
~~ST. CLOUD FL 34700-0656~~

2. Principal Place of Business

4606 Eagle Peak Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 420907
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number 59-3356306

Applied For

Not Applicable

Zip

34746

Country

Zip

34746

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUREIQ, SALIM
4630 PRAIRIE POINT
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

ZUREIQ, SALIM M

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

4606 Eagle Peak Dr

City

Kissimmee

FL

Zip Code

34746

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]

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent's 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, 2001 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 PD
NAME ZUREIQ, SALIM M
STREET ADDRESS 4630 PRAIRIE POINT
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
4606 Eagle Peak Dr
Kissimmee, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIP
Mike S. Zureiq
4606 Eagle Peak Dr
Kissimmee, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Raed Zureiq
4669 Chryenne Point
Kissimmee, FL 34746

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)