

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90208 005 ***150.00

DOCUMENT # P95000097854

1. Entity Name
JAHJAH AND ZAMMAR, INC.

356897



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1123 NW 3RD AVE MIAMI FL 33136	Mailing Address 2124 NE 123 ST STE 203 N MIAMI FL 33181 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1123 NW 3rd AV Suite, Apt. #, etc.
---	---

City & State Miami FL	City & State Miami FL
--------------------------	--------------------------

4. FEI Number 65-0632289	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 33136	Country Dade
--------------	-----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

JAHJAH, OSAMA
1123 NW 3RD AVE
MIAMI FL 33136

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 _____ (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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAMMAR, ANTOINE 1971 SW 33 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAHJAH, OSAMA 1400 SW 27 AVE NORTH MIAMI FL 33138 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/S NADIA JAHJAH 1400 SW 27 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/S VIVIAN ZAMMAR 1971 SW 33 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 other like empowered.

SIGNATURE *Osama JAHJAH* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Osama JAHJAH** **4.10.02** **305-3737316** **Date** **Daytime Phone #**

CR2E034 (9/01)