

4/3/02

FILED

May 01, 2002 8:00 am
Secretary of State

04-03-2002 90005 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004094

1. Entity Name
2400 CORP.

Principal Place of Business

% TOUFIC MAZZAWI
2400 S.W. 27TH ST
MIAMI FL 33133

Mailing Address

% TOUFIC MAZZAWI
2400 S.W. 27TH ST
MIAMI FL 33133

2. Principal Place of Business

2400 S.W. 27th ST.
Suite, Apt. #, etc.

3. Mailing Address

% MONEM MAZZAWI
Suite, Apt. #, etc.
2400 S.W.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33133

Country

U.S.A

Zip

33133

Country

U.S.A

4. FEI Number 65-0757412

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZAWI, TOUFIC
2400 S.W. 27TH ST
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name MONEM MAZZAWI
Street Address (P.O. Box Number is Not Acceptable)
2400 S.W. 27th STREET
City MIAMI FL Zip Code 33133

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

(NOTE: Registered Agent signature required when replacing)

DATE 4/18/02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAZZAWI, TOUFIC	
STREET ADDRESS	9000 S.W. 140 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAZZAWI, MONEM	
STREET ADDRESS	5605 S.W. 84 AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAZZAWI, JAWDAT	
STREET ADDRESS	11968 S.W. 75 STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MASSAWS, CINDY	
STREET ADDRESS	5605 SW 84TH AVANUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAZZAWI, RIMA	
STREET ADDRESS	9000 SW 140TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONEM MAZZAWI	
STREET ADDRESS	5605 S.W. 84 th AVE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAWDAT MAZZAWI	
STREET ADDRESS	11968 S.W. 75 STREET	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2ED34 (9/01)