## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000008838**

1. Entity Name

Principal Place of Business

Mailing Address

Monthwest 46 Court

LAUDERHILL FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Country

Country

Ame and Address of Current Registered Agent

Name

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90158 045 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

City & Sta	ite		City & State			4. ⊨	El Number 65	-0636529	<del></del>	plied For Applicable	
Zip	ZipCountry		Zip	Zip Coun		<b>5.</b> C	Certificate of Status	Desired 🗀	\$8.75 Addi	itional	
	6. Name	e and Address of Current	Registered Agent	٠		7. N	ame and Addres	of New Register	ed Agent		
	<u> </u>				Name _	n/ A.	A				
SALAMA, YOHANA G						SALAMA, NASSER Y					
8511 NW 46 CT					Street Address (P.O. Box Number is Not Acceptable)  8511 NW 46 CT						
	IDERHILL FI				0311 NW TO CO						
LAC	/ULNI IILL I I	L 00001						_ <del></del>	<del></del> _		
	_				City L	4 UDER	4166	F	L Zip Code		
. The abov	e named enti	ty submits this statement for	or the purpose of changing its	s register	ed office or r	egistered age	ent, or both, in the	State of Florida.		-	
	_	• .									
IGNATURE	Nas	In Soland	PTD					4,10	ت <del>ة وحد 7</del> E		
ACTIVITO IL	Signature, type	d or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature	required when re	instating)	DAT	TE .	·	
This core	esotion in alic	gible to satisfy its Intangible	EII E NOW	III FEE	15 \$150.00	1					
		and elects to do so.	[ ·	FILE NOW!!! FEE IS \$150.00 er MAY 1, 2000 Fee will be \$550.00				mpaign Financing		May Be to Fees	
-	eria on back)		,	Make Check Payable to Depar						to rees	
1.		. OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS	IN 11	
ITLE	PTD		Delete	TITL	F T				Change	Addition	
AME	,	, YOHANNA G	<b>P</b> Delete	NAM	- 1	CAL	ama M	ISSERY			
TREET ADDRESS		RTHWEST 46 COURT			EET ADDRESS	37 C//	NW Stin	CT			
ITY-ST-ZIP		HILL FL 33351		CITY	'-ST-ZIP	LAUDE	=1141/5	HSSERY CT FC. 3831	1		
ITLE	VSD	MEE 1 E 00001	Delete	TITL	F T				√1 Change	Addition	
IAME - ~~	1	NAZLY E -		NAM	- i	C A / /	AMA NA	SIERY	''	<del>-</del> -	
TREET ADDRESS	-	RTHWEST 46 COURT			EET ADDRESS	85/	1 NW 46	CT '			
ITY-ST-ZIP		HILL FL 33351		CITY	'-ST-ZIP	LAU	DERHICC	SSERY CT FL 333	ころ		
ITLE	SD	1122 1 2 00001		TITL					☐ Change	Addition	
AME		, NASSER Y	L Delete	NAM					,	_	
TREET ADDRESS				STRI	EET ADDRESS						
ITY-ST-ZIP	1	HILL FL 33351		CITY	'-ST-ZIP						
ITLE		1700 : 2 4444 :	☐ Delete	TITL	E				☐ Change	Addition	
AME				NAM							
TREET ADDRESS	;				EET ADDRESS						
ITY-ST-ZIP				CITY	-ST-ZIP						
ITLE	+	<del></del>	Delete	TITL	<u> </u>			<del></del>	☐ Change	Addition	
'AME	}			NAN						_	
TREET ADDRESS	:				EET ADDRESS						
:ITY-ST-ZIP				CITY	'-ST-ZIP						
ITLE	<del> </del>	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	E -				☐ Change	Addition	
IAME	1			NAN							
TDEET ANNOESS				STR	FET ADDRESS						

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 SIGNIN

4. 10.20ar

(954) 923 4999

Daytime Phone #

CR2E034 (9/99)