

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90005 014 ***550.00

0039087

DOCUMENT # P96000068705

1. Entity Name
PHILADELPHIA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

908 N.W. 57TH STREET
 STE. C
 GAINESVILLE FL 32605-6441
 US

908 NW 57TH STREET
 SUITE C
 GAINESVILLE FL 32605
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3395195**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARADSHAH, ADLI
908 NW 57TH STREET
SUITE C
GAINESVILLE FL 32605

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | KARADSHAH, ADLI J M.D. | |
| STREET ADDRESS | 908 NW 57TH ST., STE. C | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | KARADSHAH, RITA | |
| STREET ADDRESS | 908 NW 57TH ST, STE C | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARADSHAH, AKRAM | |
| STREET ADDRESS | 1041 BEARD S.E. | |
| CITY-ST-ZIP | CASCADE MI | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARADSHAH, ROSE | |
| STREET ADDRESS | 1104 SAND BAR CIRCLE | |
| CITY-ST-ZIP | CARMICHAEL CA 95608 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARADSHAH, HANI | |
| STREET ADDRESS | 4042 WOODLAND CREEK, APT. 101 | |
| CITY-ST-ZIP | KENTWOOD MI | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARACHY, RAMZI | |
| STREET ADDRESS | 3943 CHAMBERLAIN S.E. | |
| CITY-ST-ZIP | GRAND RAPIDS FL | |

| | | |
|----------------|------------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7420 winsfield DR. | |
| CITY-ST-ZIP | Grand Rapids, MI 49546 | |
| 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: Elin Karadshah Sec. Date: 6/27/01 Daytime Phone #: 352-331-7900

CR2E034 (10/00)