

2002 UNIFORM BUSINESS REPORT (UBR)

6913900

DOCUMENT # P96000068705

1. Entity Name
PHILADELPHIA ENTERPRISES, INC.

FILED
May 03, 2002 8:00 A.M.
Secretary of State

Principal Place of Business

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

Mailing Address

908 NW 57TH STREET
SUITE C
GAINESVILLE FL 32605
US



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARADSHEH, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 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 ☐ Delete
NAME OPT
STREET ADDRESS KARADSHEH, ADLI J M.D.
CITY-ST-ZIP 908 NW 57TH ST., STE. C GAINESVILLE FL 32606

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

TITLE ☐ Delete
NAME S
STREET ADDRESS KARADSHEH, RITA
CITY-ST-ZIP 908 NW 57TH ST, STE C GAINESVILLE FL 32606

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KARADSHEH, AKRAM
CITY-ST-ZIP 1641 BEARD S.E. CASCADE MI

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KARADSHEH, ROSE
CITY-ST-ZIP 1104 SAND BAR CIRCLE CARMICHAEL CA 95608

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KARADSHEH, HANI
CITY-ST-ZIP 4042 WOODLAND CREEK, APT. 101 KENTWOOD MI

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KARACHY, RAMZI
CITY-ST-ZIP 3943 CHAMBERLAIN S.E. GRAND RAPIDS FL

TITLE ☐ Change ☐ 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: Adli Karadsheh ADLI KARADSHEH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 352-331-7900
Date Daytime Phone #

CR2E034 (9/01)