

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084335

i. Entity Name

AL-SHARAF CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90038 006 ***150.00

646945



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
58TH ST. S GULFPORT FL 33707		1615 58TH ST. S GULFPORT FL 33707-4102	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3433524	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AL-NATOUR, WAEI M
6150 GULFPORT BLVD. S #304
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2000 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

P	AL-NATOUR, WAEI M	<input type="checkbox"/> Delete
ADDRESS	6150 GULFPORT BLVD. S #304	
ST-ZIP	ST. PETERSBURG FL 33707	
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		

12.	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	
	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	

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: WAEI M NATOUR 4-21-2000 (813) 347-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)