

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90731 043 \*\*\*150.00

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**DOCUMENT # P96000101216**

1. Entity Name  
**PARKEDGE ENTERPRISES INC.**

Principal Place of Business Mailing Address  
**8210 PARKEDGE DR 8210 PARKEDGE DR**  
**TAMPA FL 33637 TAMPA FL 33637**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3404910</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent (CORRECTION)			
<b>EDDIE, AKMED J</b> <b>4013 SAN MEGAL ST</b> <b>TAMPA FL 33629</b>				Name <b>AHMAD JAMALEDDINE</b>			
				Street Address (B.O. Box Number is Not Acceptable) <b>4013 SAN MIGUEL ST</b>			
				City <b>TAMPA</b>		FL	

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 Ghassan Mansour 3/31/01 DATE 3/31/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AHMED MONSOUR</b>			NAME	<b>AHMED MANSOUR</b>		
STREET ADDRESS	<b>4013 SAN MIGUEL ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33629</b>			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JAMALEDDINE, AHMAD</b>			NAME			
STREET ADDRESS	<b>2304 S. CLARK AVE</b>			STREET ADDRESS	<b>4013 SAN MIGUEL ST</b>		
CITY-ST-ZIP	<b>TAMPA FL 33629</b>			CITY-ST-ZIP	<b>TAMPA FL 33629</b>		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANSOUR, GHASSAN</b>			NAME			
STREET ADDRESS	<b>4013 SAN MIGUEL ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33629</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>SARAEB, IBRAHIM</b>		
STREET ADDRESS				STREET ADDRESS	<b>5804 DUNRIES ST</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Ghassan Mansour 3/31/02 DATE 3/31/02 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)