

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004558

1. Entity Name

UNITED OVERSEAS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90081 021 ***150.00

Principal Place of Business

18108 PEREGRINE'S PERCH
103
LUTZ FL 33549

Mailing Address

P.O. BOX 273252
TAMPA FL 33688-3252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3442965

Applied For

Not Applicable

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

BANOUB, HANI
18108 PEREGRINE'S PERCH
#103
TAMPA FL 33549

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 2000

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE DS
NAME BANBOUB, HANI
STREET ADDRESS 18108 PEREGRINE'S PERCH #103
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE Director
NAME Naji Abu Shakra
STREET ADDRESS P.O. BOX 17531
CITY-ST-ZIP Jeddah, Saudi Arabia ☐ Change ☒ Addition

TITLE D
NAME AL-ZUGHIER, JIHAD
STREET ADDRESS INDUSTRIAL AREA #1 BOX 22569
CITY-ST-ZIP AL KHAN, ST. SHJ. U.A.E. ☒ Delete

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

TITLE D
NAME MANSOUR, ALI MANSOUR
STREET ADDRESS 5 EL NASSER ST.
CITY-ST-ZIP PORT SAID, EGYPT ☒ Delete

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

TITLE D
NAME BABTAIN, BADER
STREET ADDRESS PO BOX 766
CITY-ST-ZIP SAFT KUWAIT ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000

Date

Daytime Phone #