

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000004558****1. Entity Name**
UNITED OVERSEAS, INC.**FILED**
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90473 015 ***150.00

Principal Place of Business18108 PEREGRINE'S PERCH
103
LUTZ FL 33549**Mailing Address**P.O. BOX 273252
TAMPA FL 33688**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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**BANOUB, HANI
18108 PEREGRINE'S PERCH
#103
TAMPA FL 33549**7. Name and Address of New Registered Agent**

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

3/7/01

**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**

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BANBOUB, HANI	
STREET ADDRESS	18108 PEREGRINE'S PERCH #103	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BABTAIN, BADER	
STREET ADDRESS	PO BOX 766	
CITY-ST-ZIP	SAFT KUWAIT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAKRA, NAGI A	
STREET ADDRESS	PO BOX 17531	
CITY-ST-ZIP	JEDDAH SA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nasser, ALi	
STREET ADDRESS	P.O. BOX 2007	
CITY-ST-ZIP	CAIRO, EGYPT	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANOUB, HANI	
STREET ADDRESS	18108 Peregrine's Perch #103	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAKI, SAMIR	
STREET ADDRESS	P.O. BOX 2007	
CITY-ST-ZIP	CAIRO, EGYPT	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/01 813 230 5150

Daytime Phone #

CR2E034 (10/00)