

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90360 001 \*\*\*150.00

**DOCUMENT #** P97000037589

1. Entity Name

MAHIS-ALMADI, INC.

**DO NOT WRITE IN THIS SPACE**

752350

2. Principal Place of Business  
3770 N. 55th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hollywood, FL

City & State

4. FEI Number  
65-0782496

Applied For  
Not Applicable

Zip  
33021

Country  
U.S.

Zip  
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Soloman Almadi

Street Address (P.O. Box Number is Not Acceptable)  
3770 N. 55th Avenue

City  
Hollywood, FL Zip Code  
33021

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 P  
NAME ~~Solomon~~ Almadi **SOLOMAN**  
STREET ADDRESS  
CITY-ST-ZIP  
3770 N. 55th Avenue  
Hollywood, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Fares Almadi  
STREET ADDRESS  
CITY-ST-ZIP  
3770 N. 55th Avenue  
Hollywood, FL 33021

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)