## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P97000045858 JIHAD CORPORATION 02-04-2000 90067 015 \*\*\*150.00 Principal Place of Business Mailing Address 598 NW 15 ST 598 NW 15 ST POMPANO BEACH FL 33060-5419 POMPANO BEACH FL 33060 : (1561) | 1561 | 1561) | 1561) | 1561) | 1561) | 1561) | 1561) | 1561) | 1661) | 1661) | 1661) | 1661) | 1661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0764570 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSSFIELD. SERIL ESQ Street Address (P.O. Box Number is Not Acceptable) -8-S-E-8-STREET--- --FT LAUDERDALE FL 33316 Zip Code City 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, lyped or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change ☐ Addition **DPST** ☐ Delete TITLE TITLE NAME ABUZNAID, JIHAD NAME STREET ADDRESS STREET ADDRESS 4147 INVERARRY DR., APT. 710 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete TITLE ☐ Change ☐ Addition TITLE VPD NAME NAME ABUZNAID, RIAD STREET ADDRESS STREET ADDRESS 821 NW 6TH ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 AND TYPED O

SIGNATURE:

FILED