| FILT                                                                                                                                                                                                                                                                                               | E NOW: FILING F                                                                                                                                                                                                                                                                                  | EE AFTER                                                       | MAY 1ST                                                      | IS \$55                                                                                                                                                                                                                                                                                                    | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | FL                                                                                    | LED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
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| 1613 E 24 AVE<br>Tampa FL 33605                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                | 1613 E 24 AVE<br>Tampa Fl 33605                              |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | DO NOT WRITE IN THIS SPACE                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |
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| Principal P                                                                                                                                                                                                                                                                                        | lace of Business                                                                                                                                                                                                                                                                                 | 2a. M                                                          | ailing Address                                               |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 05/23/19(<br>4. FEI Number                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | pplied For                                                                                                 |
| Suite, Apt.                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 26                                                             | uite, Apt. #. etc.                                           |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 59-3.                                                                                              | 445522                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lot Applicable                                                                                             |
|                                                                                                                                                                                                                                                                                                    | ·                                                                                                                                                                                                                                                                                                | 27                                                             | <u> </u>                                                     |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Certificate of                                                                                  | Status Desired                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Additional<br>lequired                                                                                     |
| City & State                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 28                                                             | ity & State                                                  |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ol> <li>Election Can<br/>Trust Fund C</li> </ol>                                                  | paign Financing<br>ontribution                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | May Be<br>to Fees                                                                                          |
| Zip                                                                                                                                                                                                                                                                                                | Country<br>25                                                                                                                                                                                                                                                                                    | 2i<br>29                                                       | ip                                                           | Cour<br>30                                                                                                                                                                                                                                                                                                 | htry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | tion owes or has paid<br>perty Tax due June 3                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tangible<br>No                                                                                             |
|                                                                                                                                                                                                                                                                                                    | 9. Name and Address of                                                                                                                                                                                                                                                                           |                                                                | ed Agent                                                     |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | ddress of New Reg                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |
|                                                                                                                                                                                                                                                                                                    | (BADAWI, MAMDOUGH<br>IO N 50TH ST #1025                                                                                                                                                                                                                                                          |                                                                |                                                              |                                                                                                                                                                                                                                                                                                            | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ALBADAWI                                                                                           | MUNE                                                                                  | ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |
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|                                                                                                                                                                                                                                                                                                    | MPA FL 33617                                                                                                                                                                                                                                                                                     |                                                                |                                                              |                                                                                                                                                                                                                                                                                                            | 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address (P.O. Box Num                                                                              | NIT WBL                                                                               | VD #101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                                                                                                          |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                |                                                              | -                                                                                                                                                                                                                                                                                                          | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 500 SUMM                                                                                           | NIT WBL                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                |                                                              |                                                                                                                                                                                                                                                                                                            | 83<br>84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 500 SUMA                                                                                           | NIT WBL                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code                                                                                                       |
| TAI                                                                                                                                                                                                                                                                                                | MPA FL 33617                                                                                                                                                                                                                                                                                     | 07.0502 and 607.<br>e State of Florida.                        | 1508, Florida Stat<br>Such change was                        | F                                                                                                                                                                                                                                                                                                          | 83<br>84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AINPA                                                                                              |                                                                                       | FL <sup>85</sup> Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Code<br>36/7                                                                                               |
| TAI<br>1. Pursuant I<br>office or re<br>agent. I a                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | 07.0502 and 607.<br>e State of Florida.<br>e obligations of, S | 1508, Florida Stati<br>Such change was<br>ection 607.0505, I | F                                                                                                                                                                                                                                                                                                          | 83<br>84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AINPA                                                                                              |                                                                                       | FL <sup>85</sup> Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Code<br>36/7                                                                                               |
| TAI<br>office or r<br>agent. I a<br>IGNATURE                                                                                                                                                                                                                                                       | MPA FL 33617<br>to the provisions of Sections 6<br>egistered agent, or both, in the<br>m familiar with, and accept the<br>store typed of printed name of reps                                                                                                                                    | Mart and and have a                                            | policaolo (NO                                                | utes, the ab<br>s authorized<br>Florida Statu<br>DTE Registered                                                                                                                                                                                                                                            | 83<br>84 City<br>ove-named<br>by the corp<br>ites.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Corporation submits this toration's board of direc                                                 | statement for the pu<br>ors. I hereby accept                                          | FL es Zip<br>arpose of changing<br>the appointment ar<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Code<br><b>3617</b><br>its registered<br>s registered<br>(9.8                                              |
| TAI                                                                                                                                                                                                                                                                                                | MPA FL 33617<br>to the provisions of Sections 6<br>egistered agent, or both, in the<br>m familiar with, and accept the<br>store typed of printed name of reps                                                                                                                                    | · Alund                                                        | policaolo (NO                                                | utes, the ab<br>s authorized<br>Florida Statu                                                                                                                                                                                                                                                              | 83<br>84 City<br>ove-named<br>by the corp<br>tles.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Corporation submits this toration's board of direc                                                 |                                                                                       | FL es Zip<br>arpose of changing<br>the appointment ar<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Code<br><b>3617</b><br>its registered<br>s registered<br>(9.8                                              |
| TAN<br>I. Pursuant<br>office or m<br>agent. La<br>IGNATURE<br>2.<br>ILE<br>IME                                                                                                                                                                                                                     | MPA FL 33617<br>to the provisions of Sections 6<br>egistered agent, or both, in the<br>m familiar with, and accept the<br>Stoffeture typed of printed name of rops<br>OFF ICEL<br>P<br>ALBADAWI, MAMDOUGI                                                                                        | RELATE AND DIRECTO                                             | DRS (NO                                                      | utes, the ab<br>s authorized<br>Florida Statu<br>DTE Registered<br><b>13.</b><br>1.1 Titi<br>1.2 NAI                                                                                                                                                                                                       | 83<br>84 City<br>ove-named<br>by the corp<br>rtes.<br>Agent signature<br>LE<br>ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corporation submits this toration's board of direc                                                 | statement for the pu<br>ors. I hereby accept                                          | B5     Zip       irpose of changing the appointment at a pointment at a point at a pointment at a point | Code<br><b>3617</b><br>its registered<br>s registered<br><b>498</b><br>RS IN 12                            |
| TAN<br>1. Pursuant<br>office or m<br>agent. I a<br>IGNATURE<br>2.<br>TLE<br>WME<br>REET ADDRESS                                                                                                                                                                                                    | MPA FL 33617<br>to the provisions of Sections 6<br>egistered agent, or both, in the<br>m familiar with, and accept the<br>storage which of printed name of rops<br>OFF ICEL<br>P<br>ALBADAWI, MAMDOUGI<br>8700 N 50TH ST #1025                                                                   | RELATE AND DIRECTO                                             | DRS (NO                                                      | utes, the ab<br>s authorized<br>Florida Statu<br>DTE Registered<br><b>13.</b><br>1.1 TRI<br>1.2 NAI<br>1.3 STF                                                                                                                                                                                             | 83<br>84 City<br>ove-named<br>by the corp<br>ites.<br>Agent signature<br>LE<br>ME<br>LEET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corporation submits this toration's board of direc                                                 | statement for the pu<br>ors. I hereby accept                                          | B5     Zip       irpose of changing the appointment at a pointment at a point at a pointment at a point | Code<br><b>3617</b><br>its registered<br>s registered<br><b>498</b><br>RS IN 12                            |
| TAI<br>1. Pursuant<br>office or m<br>agent. La<br>IGNATURE<br>2.<br>TLE<br>WE                                                                                                                                                                                                                      | MPA FL 33617<br>to the provisions of Sections 6<br>egistered agent, or both, in the<br>mamiliar with, and accept the<br>signature wild of printed name of rops<br>OFFICEI<br>P<br>ALBADAWI, MAMDOUGI<br>8700 N 50TH ST #1025<br>TAMPA FL 33617<br>V                                              | RELATE AND DIRECTO                                             | DRS (NO                                                      | utes, the ab<br>s authorized<br>Florida Statu<br>DTE Registered<br><b>13.</b><br>1.1 TRI<br>1.2 NAI<br>1.3 STF                                                                                                                                                                                             | 83<br>84 City<br>ove-named<br>by the corp<br>ites.<br>Agent signature<br>LE<br>ME<br>LEET ADDRESS<br>Y-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Corporation submits this<br>poration's board of direc<br>required when reinstaling)<br>ADDITIONS/C | statement for the pu<br>ors. I hereby accept<br>ANGES TO OFFICE                       | FL 85 Zip<br>arpose of changing<br>the appointment at<br>DATE<br>RS AND DIRECTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code<br><b>3617</b><br>its registered<br>s registered<br><b>498</b><br>RS IN 12                            |
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1997年,此中國國家大学的中國人民的人民的人民國國家大學會會會會的人民國家的政策的主义。 1997年

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