FILED
Jul 27, 2001 8:00 am
Secretary of State

07-05-2001 90009 036 ***150.00
07-27-2001 90006 030 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077111

1. Entity Name
MUSHROOM PLACE INC.

Principal Place of Business / Mailing Address
903 SUNRISE LANE
FT. LAUDERDALE, FL. 33304

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 903 SUNRISE LANE	3. Mailing Address: SAME
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL.	City & State
Zip: 33304 Country: BROWARD	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~SADEK JOUMAA~~
903 SUNRISE LANE
FT. LAUDERDALE, FL. 33304

7. Name and Address of New Registered Agent
Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Sadek Joumaa 3/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SADEK JOUMAA 903 SUNRISE LANE FT. LAUDERDALE FL. 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sadek Joumaa 3/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #