

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91555 032 ***150.00

DOCUMENT # **P91060092172**
 1. Entity Name
ROSE & Wafa INCORPORATED

Principal Place of Business Mailing Address
1501 W. BLUE HERON BLVD 1501 W. BLUE HERON BLVD
RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404

00055469

2. Principal Place of Business 3. Mailing Address
6812 HARNEY RD. 6812 HARNEY RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
TAMPA, FL 33610 TAMPA, FL 33610 59-3481132 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33610 U.S.A 33610 U.S.A

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MAHMOUD, MAHMOUD S OSAMA S. KAYALI, CPA
8341 VOLUSIA PLACE Street Address (P.O. Box Number is Not Acceptable)
TAMPA, FL 33637 4628 N. 56th SE., Ste 2
 City City Zip Code
TAMPA FL 33617

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]* **OSAMA KAYALI** **4/24/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHMOUD, MAHMOUD S		NAME	SHADA, RASLAN	
STREET ADDRESS	8341 VOLUSIA PLACE		STREET ADDRESS	6812 HARNEY RD	
CITY-ST-ZIP	TAMPA, FL 33637		CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Delete	TITLE	V, P, D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MAHMOUD, Wafa	
STREET ADDRESS			STREET ADDRESS	8341 VOLUSIA PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33637	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **RASLAN SHADA** **4-24-01** **(813) 899-9642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)