

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**  
 04-11-2000 90020 045 \*\*\*158.75

**DOCUMENT # P97000093131**

1. Entity Name  
**AMERICAN BUSINESS CORPORATION**

Principal Place of Business <b>4109 LAND O'LAKES BLVD          LAND O LAKES FL 34639          US</b>	Mailing Address <b>4109 LAND O'LAKES BLVD          LAND O LAKES FL 34639          US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3480681</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**ABUIMAISH, GHASSAN A**  
**118 S. WESTSHORE BLVD. STE. 123**  
**TAMPA FL 33609**

**7. Name and Address of New Registered Agent**  
 Name **Abuimaish Ghassan**  
 Street Address (P.O. Box Number is Not Acceptable) **4109 Land O Lakes Blvd.**  
 City **Land O Lakes** FL Zip Code **34639**

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]* **Ghassan Abuimaish / CEO** DATE **4-4-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABUIMAISH, GHASSAN A</b>	NAME	
STREET ADDRESS	<b>12225 SHADY FOREST DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABUEMAISH, AMJED A</b>	NAME	
STREET ADDRESS	<b>10218 EVENING TRAIL DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABUIMAISH, FATEN G</b>	NAME	
STREET ADDRESS	<b>12225 SHADY FOREST DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	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	
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 another like empowered.

SIGNATURE: *[Signature]* **Ghassan Abuimaish / CEO** DATE **4/4/00** Daytime Phone # **813-929-9170**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)