**FILED** 

12002

Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business  306 E BULLARD PKWY TAMPA FL 33617  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  Country  Country  Country  Country  Country  Country  Address  City & State	Country  Name  Street Address	DO NOT WRITE II  4. FEI Number 59-3523310  5. Certificate of Status Desired  7. Name and Address of New Region	N THIS SPACE  Ap No S8.75 Ado Fee Require	oplied For ot Applicable
Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Cou	Name	DO NOT WRITE II  4. FEI Number 59-3523310  5. Certificate of Status Desired	N THIS SPACE  Ap No S8.75 Ado Fee Require	oplied For ot Applicable
City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  SAID, GHALEB M	Name	4. FEI Number 59-3523310  5. Certificate of Status Desired	\$8.75 Add Fee Require	ot Applicable
Zip Country Zip  6. Name and Address of Current Registered Agent  SAID, GHALEB M	Name	59-3523310 5. Certificate of Status Desired	S8.75 Add Fee Require	ot Applicable
6. Name and Address of Current Registered Agent SAID, GHALEB M	Name	5. Certificate of Status Desired	□ \$8.75 Add Fee Require	
SAID, GHALEB M		7. Name and Address of New Regi	<u>-</u>	
SAID, GHALEB M			sterea Agent	
•	Street Address			
		s (P.O. Box Number is Not Acceptable)		
TAMPA FL 33617	. City		FL Zip Cod	е
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  FILE NOW!! After May 1, 200 Make Check Payable	Pregistered Agent Styreture Agent PREE IS \$150.00 PREE IS \$150	10. Election Campaign Financ	RS AND DIRECTOR	May Be d to Fees S IN 11
TITLE  NAME SAID, GHALEB M STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Auditor
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete	TITLE NAME STREET ADDRESS - **CITY-ST-ZIP		☐ Change	Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE Delete  NAME STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: