

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P980000200004**

1. Entity Name **RAMZI + NASER, INCORPORATED
#1 DOLLAR STORE**

FILED
2002

02 JUN -6 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100005866351--8

-06/19/02--01072--012

******300.00 ****300.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 W. Linton Blvd #1B
Suite, Apt. #, etc.

3. Mailing Address

5070 Ashley Lake Drive
Suite, Apt. #, etc.
#817

City & State

Delray Beach FL

City & State

Boynton Beach, FL

4. FEI Number

65-0813689

Applied For

Not Applicable

Zip

33445

Country

FL

Zip

33437

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ramzi Abu-Insaid

Street Address (P.O. Box Number is Not Acceptable)

5070 Ashley Lake Drive

#817

City

Boynton Beach

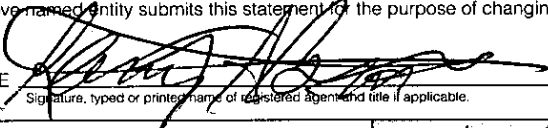
FL

Zip Code

33437

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

--(See criteria on back)-- ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **RAMZI ABU-INSALD - PRES**
NAME
STREET ADDRESS **5070 Ashley Lake Dr #817**
CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **NASER ABU-INSALD VP**
NAME
STREET ADDRESS **5070 Ashley Lake Dr #817**
CITY-ST-ZIP **Boynton Beach FL 33437**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/02

Daytime Phone #

561-637-4899

CR2E034B (12/01)