## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000045008

1. Entity Name



## **FILED** Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90162 012 \*\*\*150.00

IBHAHIM ENTERPRISE INC.										
	ce of Business	Mailing	Address HIGHWAY-27≷SOU							
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2. Principal	Place of Business	3. Mailii	3. Mailing Address							
Suite, Apt	# etc	Suito	Ant # ata		<u></u>	_				
	, 0.0.	Suite,	Apt. #, etc.				☐ CHECK HERE IF M	AKING CHAN	GES	
City & State		City 8	City & State			4. FEI Number 65-0819126			Applied For Not Applicable	
Zip Country		Zip	1			5.	Certificate of Status Desired	\$8.75 Fee Re	Additional	
	6. Name and Address of Cu	rrent Registered	Agent			7.	Name and Address of New Regist		4400	$\dashv$
IBRAHIM,	WA IDI			,	Name					7
	SEDIA AVE		Street Addr			ss (P.O. Box Number is Not Acceptable)				$\dashv$
	FL 33872			ļ						_
OLD/ III (G	1 2 000/2									
					City			FL Zip	Code	7
8. The above the obligat	named entity submits this statemations of registered agent.	ent for the purpos	se of changing its r	egistere	d office or registe	ered ag	gent, or both, in the State of Florida.		with, and accept	1
SIGNATURE .	Signature, typed or printed name of registered	d agent and title if applica	able (NOTE	Ranietaran	Agent signature require					
	ILE NOW!!!~FEE-IS-\$150.00		(1012.	negistered	Agent signature require	o when re	einstating)	DATE	· ——	_
After	r May 1, 2003 Fee will be \$55 c Payable to Florida Departme	0.00	The second			<u>. T</u>	9. Election Campaign Financin Trust Fund Contribution.	ig⁻∵ ~~ <b>~~~\$</b> □ Ai	5:00 May Be dded to Fees	
10.		AND DIRECTORS	3	11.		AD	L DDITIONS/CHANGES TO OFFICERS	S AND DIRECT	IORS IN 11	4
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STREET ADDRESS			NAME	ADDOCEC						
CITY-ST-ZIP				CITY-ST	ADDRESS ZIP					
of the corp	ertify that the information supplied on this report or supplemental rep- oration or the receiver or trustee e or on an attachment with an addre	mnowared to eve	outo this report se	e exemp	otion stated in Sec	ction 1 ame le Florida	19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; th a Statutes; and that my name appea	r certify that th at I am an offic ars in Block 10	e information per or director or Block 11 if	

SIGNATURE: