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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-23-2001 90463 010 ***150.00

DOCUMENT # P98000072497

1. Entity Name
Mediterranean Food Corner

Principal Place of Business	Mailing Address
Pompano beach - Fl	922 E Semple RD Pompano beach Fl

[redacted]

2. Principal Place of Business	3. Mailing Address
Pompano beach	Pompano beach
Suite, Apt. #, etc.: 922 E. Sample RD.	Suite, Apt. #, etc.: 922 E. Sample RD
City & State: Pompano beach FL	City & State: Pompano beach FL
Zip: FL 33064 Country: Broward	Zip: FL 33064 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: TAX I.D. 650824876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Mediterranean Food Corner 922 E. Sample RD Pompano beach FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Samir Edward Abdelsayed - Prisedent DATE: 4/26/01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg stered 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, 20 Fee will be $550.00
Make Check Payab 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 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Samir Edward ABDELSAYED (Prisde) 922 E. Sample RD Pompano beach FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hany EDWARD V. Prisedent 922 E. Sample RD. Pompano beach FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Samir Edward 4/26/01 (Prisedent)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #