

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90082 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103661

1. Entity Name

Abdelilah Fahsi, Inc ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

CFT Westgate Resorts

3. Mailing Address

5144 Conroy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

270 Old Lake Wilson Rd1032

City & State

City & State

Kissimmee FLOrlando FL

Zip

Country

Zip

Country

34747USA32811USA

91589

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545268

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Abdelilah Fahsi

(Signature, typed or printed name of registered agent and date if applicable)

(NOT to be signed by Agent; signature required when transferring)

DATE

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
NAME
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CITY - ST - ZIPTITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP**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)(f), 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:

Abdelilah Fahsi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

321-217-7400

CR2E0348 (12/01)

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

Attachment

DOCUMENT # P98000103161

1 Entity Name

Abdelilah Fahsi, Inc

DO NOT WRITE IN THIS SPACE

91589

2 Principal Place of Business CFI Westgate resorts		3 Mailing Address 5144 Conroy Rd	
Suite, Apt. #, etc. 2770 old lake Wilson Rd		Suite, Apt. #, etc. 1032	
City & State Kissimmee FL		City & State Orlando FL	
Zip 34747	Country USA	Zip 32811	Country USA

DO NOT WRITE IN THIS SPACE

4 FEI Number 59 3545268	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7 Name and Address of Current Registered Agent

Name Abdelilah Fahsi	
Street Address (P.O. Box Number is Not Acceptable) 5144 Conroy Rd Apt 1032	
City Orlando	Zip Code 32811

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 *Abdel Fahsi*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

05-30-02

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	Abdelilah Fahsi (President) 5144 Conroy Rd Apt 1032 Orlando, FL 32811
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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: *Abdel Fahsi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-30-02

DATE

Daytime Phone #

(321) 2177400

CR2E034B (12/01)