

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 04, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000009087****1. Entity Name**
YOUSEF ENTERPRISES, INC.**Principal Place of Business**

6050 SO. GATE BLVD.

MARGATE
33068

FL

Mailing Address

6050 SO. GATE BLVD.

MARGATE
33068

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****65-0894091****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNORWICH GRACE
5600 POINSETTIA AVE. APT. 709WEST PALM BEACH
33407

FL

US

7. Name and Address of New Registered Agent**Name**

TUMEH MHD B

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

6050 SO GATE BLVD

City
MARGATE

FL

Zip Code
33068**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 MHD B TUMEH**

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

(NOTE: Registered Agent signature required when reinstating)

08/04/2000

DATE

**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, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	TUMEH MHD B	
STREET ADDRESS	6050 SO. GATE BLVD.	
CITY-ST-ZIP	MARGATE FL 33068	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALGHWI BORHAN	
STREET ADDRESS	6050 SO. GATE BLVD.	
CITY-ST-ZIP	MARGATE FL 33068	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 MHD B TUMEH****08/04/2000**