

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

DOCUMENT # **999000009397**

1. Entity Name

M. W. CORPERATION dba. ARMENIA AMACO

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4403 N. ARMENIA

3. Mailing Address

4403 N. ARMENIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33603

Country

USA

Zip

33603

Country

USA

4. FEI Number

0593555927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **HUSSEIN MOUZAHEM**

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

3610 LANDINGWAY DR. APT.305

City **TAMPA**

FL

Zip Code
33624

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **PP**
NAME **HUSSEIN MOUZAHEM**
STREET ADDRESS **4403 N. ARMENIA**
CITY - ST - ZIP **TAMPA FL. 33603**

TITLE
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CITY - ST - ZIP

600010132796
01/15/03--01065--015 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 DEC 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)