

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90152 041 ***150.00

DOCUMENT # P99000017902

1. Entity Name
MARGUERITE, INC.

Principal Place of Business
11201 E MARTIN LUTHER KING BLVD
SEFFNER FL 33584

Mailing Address
11201 E MARTIN LUTHER KING BLVD
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3559140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOUSSA, MAGED
1850 PROVIDENCE LAKE BLVD
#1104
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **MOUSSA, MAGED**
 Street Address (P.O. Box Number is Not Acceptable)
4102 AMBER RIDGE LN.
 City **VALRICO** FL Zip Code **33594**

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 title 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **P MOUSSA, MAGED M**
 STREET ADDRESS **1850 PROVIDENCE LAKE BLVD #1104**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME **VP HANNA, MARGUERITE**
 STREET ADDRESS **1850 PROVIDENCE LAKE BLVD #1104**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME **VP ABDELMESEH, ANWAR**
 STREET ADDRESS **1850 PROVIDENCE LAKE BLVD #1104**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P MOUSSA, MAGED M.**
 STREET ADDRESS **4102 AMBER RIDGE LN.**
 CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE ☒ Change ☐ Addition
 NAME **VP HANNA, MARGUERITE**
 STREET ADDRESS **4102 AMBER RIDGE LN.**
 CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE ☒ Change ☐ Addition
 NAME **VP ABDELMESEH, ANWAR**
 STREET ADDRESS **4102 AMBER RIDGE LANE**
 CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)