

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90194 001 \*\*\*150.00

DOCUMENT # 099000023492

1. Entity Name

The Kharroubi Management Group, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8023 Sheldon Rd.

3. Mailing Address

8023 Sheldon Rd.

Suite, Apt. #, etc.

Unit 10

Suite, Apt. #, etc.

Unit 10

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number

59-3508583

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Felicia L. Evans

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

8023 Sheldon Rd.

Unit 10

City Tampa

FL

Zip Code

33615

**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 Felicia L. Evans

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) ☐

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 President, CEO  
NAME Felicia L. Evans  
STREET ADDRESS 8023 Sheldon Rd. Unit #10  
CITY - ST - ZIP Tampa - FL - 33615

TITLE CFO  
NAME Karim Kharroubi  
STREET ADDRESS 5705 Erhardt Dr.  
CITY - ST - ZIP Riverview, FL - 33569

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NAME  
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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: Karim Kharroubi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-02

813-391-3348

CR2E034B (12/01)