

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038937

1. Entity Name
AFFOURI CORP.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90024 011 ***158.75

Principal Place of Business
1133 S. UNIVERSITY DR. #202
PLANTATION FL 33324

Mailing Address
1133 S. UNIVERSITY DR. #202
PLANTATION FL 33324-3303

00037340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1401 New 31st Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
Zip
33311 Country
USA

City & State
Zip Country

4. FEI Number
65-0919759 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AFFOURI, SAMER
1133 S. UNIVERSITY DR. #202
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. VP S/T AFFOURI, SAMER 1133 S. UNIVERSITY DR. #202 PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *Samer Affouri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000 (954) 731-0931
Date Daytime Phone #

CR2E034 (9/99)