

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000041958

1. Entity Name

ST. ANTHONY AND MOSES ENTERPRISES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90014 025 ***150.00

Principal Place of Business

Mailing Address

49 WESTFORD LANE
PALM COAST FL 32164

49 WESTFORD LANE
PALM COAST FL 32164-0001

2. Principal Place of Business

3. Mailing Address

3 KINGS WAY

W SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

49 WESTFORD LANE

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

59-3586940

Applied For

Not Applicable

Zip

32137

Country

FLAGLER

Zip

32164

Country

FLAGLER

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

LEBEGERN, JOSEPH K
4 OFFICE PARK DRIVE STE. 260-C
PALM COAST FL 32137

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

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)

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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	PRESIDENT & DIRECTOR	<input type="checkbox"/> Delete
NAME	SYLVIA ABDELMALIK	
STREET ADDRESS	49 WESTFORD LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	TREASURER & DIRECTOR	<input type="checkbox"/> Delete
NAME	MAGDY TADROUS	
STREET ADDRESS	49 WESTFORD LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

1/12/2000

Date

904-447-8661

Daytime Phone #

CR2E034 (9/99)