

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000041958**

1. Entity Name  
**ST. ANTHONY AND MOSES ENTERPRISES, INC.**

Principal Place of Business  
**3 KINGS WAY  
PALM COAST FL 32137**

Mailing Address  
**49 WESTFORD LANE  
PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. FEI Number **59-3586940**

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

**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 *Joseph R. Lebegern*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-12-01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **PD** ☐ Delete  
NAME **ABDELMALIK, SYLVIA**  
STREET ADDRESS **49 WEST FORD LN.**  
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ Change ☐ Addition  
NAME **900004685419-7**  
STREET ADDRESS **-11/16/01--01060--001**  
CITY-ST-ZIP **\*\*\*\*750.00 \*\*\*\*750.00**

TITLE **TD** ☐ Delete  
NAME **TADROUS, MAGDY**  
STREET ADDRESS **49 WEST FORD LN.**  
CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 life empowered.

SIGNATURE:

*SYLVIA ABDELMALIK* **9-12-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0108028 AT

FILED

01 OCT 19 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (5/01)