03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted] P99000047112

FILED

03 JUN -3 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55038560

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000047112

1. Entity Name GHATIT ENTERPRISE INC.

P99000047112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
855 Tivoli Cr.	855 Tivoli Circle
Suite, Apt. #, etc. 204	Suite, Apt. #, etc. 204
City & State DEERFIELD BEACH FL.	City & State DEERFIELD BEACH FL.
Zip 33441 Country BROWARD	Zip 33441 Country BROWARD

4. FEI Number 65 09 23 770 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name RAMZE GHATIT

Street Address (P.O. Box Number is Not Acceptable) 855 Tivoli Circle # 204

City DEERFIELD BEACH FL Zip Code 33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ramze Ghatit DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Ramze Ghatit
STREET ADDRESS	855 Tivoli Circle 204
CITY-ST-ZIP	Deerfield Bch FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramze Ghatit APRIL 21st 03 (954) 821-5098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #