2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000047218 **DOCUMENT #**

1. Entity Name

DABBOUR BROS. INC., OF FLORIDA



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91038 022 ***150.00

1			A COD WE I I			
Principal Place of Business 4930 FLORAMAR TERR NEW PORT RICHEY FL 34352		Mailing Address 4930 FLORAMAR TERR NEW PORT RICHEY FL 34352		-		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3581591	-	plied For t Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered A		
			Name	Name		
BAEZ, JUAN.A			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	IARGUERITE					
TAMPA FL 33603						
-			City	FL	Zip Code	•
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature require	ed when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00			0.51-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	05.0	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				S. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE	P	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS	DABBOUR, BASHIR 4930 FLORAMAR TERR		NAME STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34352		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		Change	Addition
NAME	ABUGHARBIEH, SALEH		NAME			
STREET ADDRESS	4930 FLORAMAR TERR		STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34352	·	CITY-ST-ZIP	······		
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME CONSET ADDRESS			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	,,,	- **	STREET ADDRESS			_
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME		☐ Delete	NAME	•	□ Onlange	
STREET ADDRESS	`		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	. Addition
NAME		,	NAME			\
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
OLTY OF TIP						

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: