

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054936

1. Entity Name
AL KHIYAMI, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90056 019 ***150.00

Principal Place of Business

2550-5 MAYPORT RD.
ATLANTIC BEACH FL 32233

Mailing Address

2550-5 MAYPORT RD.
ATLANTIC BEACH FL 32233-2872

2. Principal Place of Business

2550-5 Mayport Rd
Suite, Apt. #, etc.

3. Mailing Address

2550-5 Mayport Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3631095

Applied For

Not Applicable

Zip

Country

32233 USA

Zip

Country

32233

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

KHIYAMI, MOHAMAD
2550-5 MAYPORT RD.
ATLANTIC BEACH FL 32233

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.

Theresa A. Khayami

(NOTE: Registered Agent signature required when reinstating)

4-29-2000

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	President	<input type="checkbox"/> Delete
NAME	Mohamad Khayami	
STREET ADDRESS	2610 State Rd W 14	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Theresa Khayami	
STREET ADDRESS	2610 State Rd W 14	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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

4-29-2000 904-249-1234

Date

Daytime Phone #

CR2E034 (9/99)