

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 21, 2000 8:00 am  
Secretary of State

09-21-2000 90002 003 \*\*\*550.00

DOCUMENT # P99000059158

1. Entity Name

EGYPCO 1 INC.

Principal Place of Business

2 NE 40TH STREET  
MIAMI FL 33137

Mailing Address

2 NE 40TH STREET  
MIAMI FL 33137

00101439



2. Principal Place of Business

19495 Biscayne Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Same

Zip

33180

Country

Dade

Zip

Country

4. FEI Number

65-0934607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AYOUB, HANY  
2 NE 40TH STREET  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

MAGED TADROS

Street Address (P.O. Box Number is Not Acceptable)

19495 Biscayne Blvd

City

Aventura

FL

Zip Code

33180

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)

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. 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

TITLE D ☐ Delete  
NAME AYOUB, HANY  
STREET ADDRESS 2 NE 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Delete  
NAME TADROS, MAGED  
STREET ADDRESS 2 NE 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED MAGED TADROS

Date

Daytime Phone #

305-932

8885

CR2E034 (5/00)