

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ITTihad Corp

P99000059493

FILED

00 MAY 31 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1003-2 N Edgewood AVE
JAX, FL 32254

Same

2. Principal Place of Business

3. Mailing Address

1003-2 N. Edgewood Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX

Zip

Country

Zip

Country

FL

32254

4. FEI Number

59-3593475

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

7. Name and Address of New Registered Agent

Abdulla Al. mashni

Name

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

1003-2 N Edgewood AVE
JAX, FL 32254

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.

(NOTE: Registered Agent signature required when reinstating)

4/14/00

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 ☐ Delete

TITLE ☐ Change ☐ Addition

NAME PID
STREET ADDRESS
CITY-ST-ZIP
Abdulla AL MASHNI
1003-2 N. Edgewood AVE
JAX FL 32254

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

700003280347-3
-06/07/00--01088--010
****150.00 ****150.00

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete

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NAME
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CITY-ST-ZIP

5/31/00

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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/00

CR2E034 (9/99)

Dear Mrs. Susan:-

I ABDULLA ALMASHNI, the manager for IT TIHAD corporation, would like you to know that I never Received any Notice from your Dep. about appointing a new registered agent, because I changed the corporation Address, but never been changed in your system, so the mail was sent to the old Address, so I would like you to Register my corporate again and ~~to~~ waive the 600.00 Penalty.

Also I would like to appoint my self as New

Registered Agent (Abdulla Al. MASHNI,

Thank you

AL MASHNI

5/30/00