

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 006 ***150.00

DOCUMENT # P99000088169

1. Entity Name
BAHRI DEVELOPMENTS, INC.



Principal Place of Business
3326 MARY STREET
STE. 201
MIAMI FL 33133

Mailing Address
3326 MARY STREET
STE. 201
MIAMI FL 33133



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2665 SOUTH BAYSHORE DRIVE

3. Mailing Address

2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 609

SUITE 609

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33133

U.S.A.

33133

U.S.A.

4. FEI Number 65-0954069

Applied For

Not Applicable

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

BAHRI, FADI A
3326 MARY STREET
STE. 201
MIAMI FL 33133

-SAME-

2665 SOUTH BAYSHORE DRIVE

SUITE 609

MIAMI

FL 33133

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **BAHRI, FADI A**
STREET ADDRESS **3326 MARY STREET, STE. 201**
CITY-ST-ZIP **MIAMI FL 33133**

☒ Change ☐ Addition
TITLE
NAME **2665 SOUTH BAYSHORE DRIVE SUITE 609**
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FL. 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)