

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000097661

1. Entity Name

KHALIL & SON, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

02-15-2000 90023 009 ***150.00

Principal Place of Business

1002 NW PARK ST.
OKEECHOBEE FL 34972

Mailing Address

1002 NW PARK ST.
OKEECHOBEE FL 34972-4056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, LOIS
104 SW 3RD AVE.
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name Maha Ismail

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

1002 M.W. Park Street

City

Okeechobee

FL

Zip Code 34972

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

Maha Ismail
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 \$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

TITLE	PTD	☒ Delete
NAME	KHALIL, MUHAMAD N	
STREET ADDRESS	1002 NW PARK ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VSD	☒ Delete
NAME	KHALIL, ZUHER	
STREET ADDRESS	1002 NW PARK ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
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	PTD	☐ Change ☐ Addition
NAME	Ismail, Maha	
STREET ADDRESS	1002 NW Park St.	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VSD	☐ Change ☐ Addition
NAME	Ismail, Maha	
STREET ADDRESS	1002 NW Park St.	
CITY-ST-ZIP	Okeechobee, FL 34972	
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)(j), 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:

Maha Ismail
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

Daytime Phone #

CR2E034 (9/99)

999000097661

20089
3/7/00

Attn: Florida Dept. of State Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

c. Khalil & Son Inc.
1002 NW Park St.
Okeechobee Fl. 34972.

To Whom it may concern;
Enclosed, please find the corrected copy of the 2,000 UBR for Khalil & Son, Inc. It would be very much appreciated if it could be filed ASAP, as we will need the corrections in officers in order to conduct our business affairs. Once it is completed, please mail me a copy at the above address, or fax it to me at (941) 357-1595. If you need to contact me, please feel free to at (941) 357-3134.

Sincerely,
Maha Ismail
Maha Ismail

