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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
02-15-2000 90023 009 ***150.00

DOCUMENT # P99000097661

1. Entity Name
KHALIL & SON, INC.

Principal Place of Business
[illegible] NW PARK ST.
[illegible] 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 N.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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☒ Delete	TITLE	PTD ☐ Change ☐ Addition
NAME	KHALIL, MUHAMAD N	NAME	Ismail, Maha
STREET ADDRESS	1002 NW PARK ST.	STREET ADDRESS	1002 NW Park St.
CITY-ST-ZIP	OKEECHOBEE FL 34972	CITY-ST-ZIP	Okeechobee, Fl. 34972
TITLE	VSD ☒ Delete	TITLE	~~VSD~~ ☐ Change ☐ Addition
NAME	KHALIL, ZUHER	NAME	~~Ismail, Maha~~
STREET ADDRESS	1002 NW PARK ST.	STREET ADDRESS	~~1002 NW Park St.~~
CITY-ST-ZIP	OKEECHOBEE FL 34972	CITY-ST-ZIP	~~Okeechobee, Fl. 34972~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Maha Ismail PRESIDENT 1-14-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P99000097661

200789
3/7/00

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

re: 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