

**2001**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 11:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000102672**  
 1. Entity Name  
**3 B'S JABER INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5565 NEW TAMPA HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**LAKELAND, FL**

City & State

Zip  
**33815** Country  
**POKE**

Zip Country

4. FEI Number  
**59-3610034** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
**JACK A. LEHEW**

Street Address (P.O. Box Number is Not Acceptable)  
**5422 TERESA Rd.**

City  
**TAMPA** FL Zip Code  
**33615**

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 **JACK A. LEHEW** (NOTE: Registered Agent signature required when reinstating) DATE **5-9-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

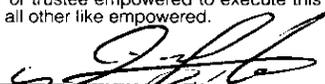
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUNTASER M. JABER</b> <b>5565 NEW TAMPA HWY</b> <b>LAKELAND FL 33815</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AYMAN M. JABER</b> <b>5565 NEW TAMPA HWY</b> <b>LAKELAND FL 33815</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600005754346--8</b> <b>-06/11/02--01099--010</b> <b>****300.00 ****300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>201.25-ARC</b> <b>10.00-ARARTS</b> <b>88.75-ARSUPP</b>
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5-11-02** Daytime Phone # **863-687-9298**

CR2E034B (12/01)