

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01192

1. Entity Name

CEDARS ELECTRO-MECHANICAL, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90049 019 ***150.00

Principal Place of Business

3300 S. CONGRESS AVE.
STE 7
BOYNTON BEACH FL 33426-9028
US

Mailing Address

3300 S. CONGRESS AVE.
STE 7
BOYNTON BEACH FL 33426-9028
US

2. Principal Place of Business

1712 S. Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address

1712 S. Dixie Hwy.
Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0213904

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

33460

Country

USA

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

CHALHOUB, IBRAHIM H.
3012 GREENWOOD LANE
BOYNTON BEACH FL 33435

Name

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

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)

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	DP	☐ Delete
NAME	CHALHOUB, IBRAHIM H.	
STREET ADDRESS	3012 GREENWOOD LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
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		

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)(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:

Ibrahim Chalhou - Ibrahim Chalhou

Date

Daytime Phone #

2/10/2000 (561) 588-4088

CR2E034 (9/99)