FORPROFITCORPORATION
UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# S 45363

1. EntityName

AISHA OF TAMPA BAY INC

FILED
2002 JUN 28 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YEAR

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
3322 E HILLSBOROUGH	
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: TAMPA FL	City&State
Zip: 33610 Country	Zip Country

DONOTWRITEINTHISSPACE

4. FEINumber: 59-3015568 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name: SALEM GHARSALLI

StreetAddress(P.O.BoxNumberisNotAcceptable): 18430 KUKA LANE

City: SPRINGHILL FL ZipCode: 34610

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.

SIGNATURE _____ DATE

Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

9. Thiscorporationiseligibletosatisfyits Intangible Taxfilingrequirementandelectstodoso. ☒ (Seecriteriaonback)

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. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PRESIDENT SALEM GHARSALLI 18430 KUKA LANE SPRINGHILL FL 34610
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VICE PRES MOHAMED BENKHALED 11812 RAINTREE LAKE LN TAMPA FL
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	SEC. YOUNES BELNOKHTAR 7634 CENTRAL PARK CIR TAMPA FL
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TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	600006263786--7 -07/03/02--01096--006 ****150.00 ****150.00
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	

13. Ihereby 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: SALEM Gharsalli 05-01-02 238-8686

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#