2231486 AV

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Nam AL-JUMA		7			Secretary 04-30-2002 90186	of Sta	ate	
Principal Place of Business 6915 RED RD 220 CORAL GABLES FL 33143		Mailing Address 6915 RED RD 220 CORAL GABLES FL 33143						
2. Principal Place of Business		3. Mailing Address			(18841010 IOT 4848) ITOTO (BUSI ODIS) 1981 OS	OLY DIRIL DEBEL DIDLE D	ia	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	65-0371168		plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current Re	gistered Agent		7. N	Name and Address of New Register	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			Name					
ALAM, TONI H 6915 RED ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
STE 220					·.			
CORAL GABLES FL 33143			City FL Zip Code			•		
8. The above	ramed entity submits this statement for the	ne purpose of changing its i	registered office or regis	stered ag	ent, or both, in the State of Florida.	····		
SIGNATURE	Signature, typed or printed name of registered agent and	Site if applicable (NOTE	: Registered Agent signature requ	ired when re	einstating) DA	TE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. FILE NOW!! After May 1, 200			! FEE IS \$150.00 2 Fee will be \$550.0 te to Department of S	0	Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI	<u></u>	12.		LODITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKKAR, MAZEN 2432 HOLLYWOOD BLVD HOLLYWOOD FL 33020	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.10		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FASSI, T A 5111 PINETREE DR MIAMI BCH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAM, TONI H .,CPA 6915 RED ROAD., STE 220 CORAL GABLES FL 33143	_ Delete .	_TITLE	rit.	~ -	☐ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS OFF ST-ZIP	,	140 07(2)(i) Fizida Carria (f. "	☐ Change	Addition	
 I hereby of indicated of the corporation of the corporation. 	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	n an order like empoyemed.	the exemption stated in y signature shall have the is required by Chapter IAR	Section he same l 607, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the da Statutes; and that my name appear	certify that the in at I am an officer are in Block 11 or	or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/14/02 (

(305)663 6 200 Daytime Phone #