


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90177 004 ***150.00

DOCUMENT # S81907

1. Entity Name
AL-JUMAA, INC.



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
6915 RED ROAD

3. Mailing Address
6915 RED ROAD

Suite, Apt. #, etc.
215-A SUITE

Suite, Apt. #, etc.
SUITE 215-A

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33143

Country

Zip
33143

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0371168**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALAM, TONI H
6915 RED ROAD
STE 220
CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6915 RED ROAD, SUITE 215-A

City **CORAL GABLES** FL Zip Code **33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **TONI H. ALAM** DATE **4/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKKAR, MAZEN	NAME	
STREET ADDRESS	2432 HOLLYWOOD BLVD	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSI, T A	NAME	
STREET ADDRESS	5111 PINETREE DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAM, TONI H., CPA	NAME	
STREET ADDRESS	6915 RED ROAD., STE 220	STREET ADDRESS	6915 RED ROAD, SUITE 215-A
CITY-ST-ZIP	CORAL GABLES FL 33143	CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **TAREK AL-FASSI** DATE **4/24/03** Daytime Phone # **(305) 666-2681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)