

2002 UNIFORM BUSINESS REPORT (UBR)

0302359 AV

DOCUMENT # V36146

1. Entity Name
FIRST ARABIAN FINANCIAL CORPORATION

FILED

02 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~6555 N.W. 36TH ST., #114~~
~~MIAMI FL 33166~~
~~US~~

~~6555 N.W. 36TH ST., #114~~
~~MIAMI FL 33166~~
US

2. Principal Place of Business

3. Mailing Address

6871 Bird Rd
Suite, Apt. #, etc.
ma

6871 Bird Road
Suite, Apt. #, etc.
miami

City & State
Florida

City & State
Florida

4. FEI Number 65-0367219

Applied For
Not Applicable

Zip 33155

Country

Zip 33155

Country Dade

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

KENNEDY, DELIA
6555 N.W. 36TH ST., #114
MIAMI FL 33166

Name DELIA Kennedy
Street Address 6871 BIRD ROAD
City MIAMI FL Zip 33155

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPDST
STREET ADDRESS	Aikhalifa, Rafay
CITY-ST-ZIP	6871 BIRD RD MFLA 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500005430365--1
STREET ADDRESS	-05/02/02--01035--001
CITY-ST-ZIP	***1650.00 ***150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

4/25/02 305 667-3280

Date

Daytime Phone #

CR2E034 (9/01)