

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90009 042 \*\*\*150.00

A0000159



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # V48166</b>			
<b>1. Entity Name</b> <b>MARWAN ENTERPRISES, INC.</b>			
<b>Principal Place of Business</b> <b>KUTCHMIRE AUTO REPAIR</b> <b>39025 S. WESTSHORE BLVD</b> <b>TAMPA FL 33611</b>		<b>Mailing Address</b> <b>DAVIS ACCOUNTING</b> <b>5111 NEBRASKA AVE</b> <b>TAMPA FL 33603</b>	
<b>2. Principal Place of Business</b> <b>MARWAN-Auto Service</b> Suite, Apt. #, etc. <b>405 TAMIAHI TRAIL N</b> City & State <b>Ruskin FL</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State	
Zip <b>33570</b>	Country <b>Hillsborough</b>	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> <b>TAOUIL, MARWAN</b> <b>6527 KING PALM WAY</b> <b>APOLLO BEACH FL 33572</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>TAOUIL, MARWAN</b> <b>6527 KING PALM WAY</b> <b>APOLLO BEACH FL 33572</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <input type="checkbox"/> Delete <b>TAOUIL, IBTISSAM</b> <b>6527 KING PALM WAY</b> <b>APOLLO BEACH FL 33572</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <u>Marwan Taouil</u>		<b>1-3-001</b> <b>(813) 641-7260</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)