

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90169 035 ***150.00

DOCUMENT # V58047

1. Entity Name
AL RAS CORPORATION



Principal Place of Business
**17040 GRAND BAY DRIVE
BOCA RATON FL 33496
US**

Mailing Address
**17040 GRAND BAY DRIVE
BOCA RATON FL 33496
US**

2. Principal Place of Business

3. Mailing Address

6 DENISON DR. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SADDLE RIVER, NJ

City & State

City & State

Zip

Country

07438

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0405042**

Applied For

Not Applicable

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

**SHAHEEN, ROBERT A.
17040 GRAND BAY DRIVE
BOCA RATON FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHAHEEN, ROBERT A.	
STREET ADDRESS	17040 GRAND BAY DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SHAHEEN, PATRICIA S.	
STREET ADDRESS	17040 GRAND BAY DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 201-3279985

Date

Daytime Phone #

CR2E034 (10/02)