

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90375 047 ***150.00

DOCUMENT # P 97000023584
1. Entity Name
Saad Investment Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6215 S. Queensway Dr
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 290382
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

City & State
Tampa, FL

4. FEI Number
59-3435658

Applied For
 Not Applicable

Zip
33617

Country
Hills

Zip
33687

Country
Hills

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Yasin Saad

Street Address (P.O. Box Number is Not Acceptable)
6215 S. Queensway Dr.

City
Tampa **FL** Zip Code
33617

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 [Signature] Pres. DATE 4/12/2002

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Yasin Saad</u> <u>6215 S. Queensway Dr</u> <u>Tampa, FL, 33617</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-12-02 813-622-7913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR YASIN SAAD Date Daytime Phone #

CR2E034B (12/01)