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FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90670 043 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73453

1. Entity Name: THE RAAD-TANNOUS ENGINEERING GROUP, INC. ✓

Principal Place of Business: 2716 NORTH FORSYTH RD, SUITE 112, WINTER PARK FL 32792, US
Mailing Address: 2716 NORTH FORSYTH RD, STE 112, WINTER PARK FL 32792, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3145724

Applied For
Not Applicable

Zip Country

Zip Country

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

TANNOUS, BISHAR
2716 NORTH FORSYTH RD
SUITE 112
WINTER PARK FL 32792

Name: RAAD, RAAD H.
Street Address (P.O. Box Number is Not Acceptable): 2797 PICKETT DOWNS DRIVE
City: CHULUOTA FL Zip Code: 32764

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

(NOTE: Registered Agent signature required when reinstating)

5-19-02
DATE

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

TITLE NAME	D RAAD, RAAD H	<input type="checkbox"/> Delete
STREET ADDRESS	2797 PICKETT DOWNS DRIVE	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE NAME	D TANNOUS, BISHAR S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3700 ALDERGATE PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)