**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State **DOCUMENT #** 689335 1. Entity Name 04-01-2002 90615 048 \*\*\*150.00 SAMCO GLOBAL ARMS, INC. Principal Place of Business Mailing Address 6995 N.W. 43RD STREET 6995 N.W. 43RD STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2142433 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COSTANZO, SARINO R. Street Address (P.O. Box Number is Not Acceptable) AMERIFIRST BLDG., SUITE 2150 ONE SOUTHEAST THIRD AVE MIAM! FL 33131 Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE Change Addition PTSD DOSSUL, GHULAM JILANI NAME NAME DOSSUL, GHULAM JILANI 6995 N.W. 43RD STREET STREET ADDRESS STREET ADDRESS 6995 N.W. 43rd STREET MIAMI. FL 33166 MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DOSSUL, GHULAM JILANI NAME NAME 6995 N.W. 43RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NADING, VIRGINIA M. NAME NAME STREET ADDRESS 6995 N.W. 43RD ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: \_\_