

2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00-90066-014-\$61.25-\$61.25

DOCUMENT # 751481

1. Entity Name

JAMI ALL SELAM, INC.

FILED

00 APR -3 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Principal Place of Business
225 N FT. HARRISON AVE
CLEARWATER FL 33755
US

Mailing Address
225 N FT. HARRISON AVE
CLEARWATER FL 33755-4022
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2018523

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

TZEKAS, RAIM
255 BAYSIDE DRIVE
CLEARWATER BEACH FL 33767

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ABDULLAJ, NEIM
STREET ADDRESS 2100 MCKINLEY STREET
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GJELSHI, ISMET
STREET ADDRESS 113 14TH STREET
CITY-ST-ZIP BELLEAIR BEACH FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME IDRIZI, METAT
STREET ADDRESS 510 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VINCA, SELIM
STREET ADDRESS 1450 MARJAHN AVENUE
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VINCA, AFRIM
STREET ADDRESS 1490 MEANDER LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ILIAZI, MEVLUD
STREET ADDRESS 1938 SUMMIT DRIVE
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ 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 617, 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

Date

Daytime Phone

3/31/00 446-8650

CR2E037 (9/99)