

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90279 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 751481

1. Entity Name
JAMI ALL SELAM, INC.



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

Mailing Address
**225 N FT. HARRISON AVE
CLEARWATER, FL 33755 US**

11032366



☐ CHECK HERE IF MAKING CHANGES

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

**TZEKAS, RAIM
255 BAYSIDE DRIVE
CLEARWATER BEACH, FL 33767**

7. Name and Address of New Registered Agent

Name
TZEKAS, IMER
Street Address (P.O. Box Number is Not Acceptable)
255 Bayside Drive

City
Clearwater Beach **FL** Zip Code
33767

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

**Raim Tzekas, Current RA
Imer Tzekas, New RA**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TZEKAS, RAIM
255 BAYSIDE DR
CLEARWATER, FL 33767** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
IDRIZI, METAT
610 ISLAND WAY
CLEARWATER, FL 33767** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALLA, FARUDIN
1307 LAURA DR
CLEARWATER, FL 33765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEMSHEDIN, MYNYR
1245 BLAIRRUSH DR
TARPOON SPG, FL 34687** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DULE, VEIS
1269 BLU CT
PALM HARBOR, FL 34683** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Ismet Gjeloshi
113 14th Street Belleair Beach, FL 33786** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Azis Sacipouic
4301 Brighdoon Dr., Clw, FL 33759** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Isuf Spahiu
104 Orion Ave., Clw, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Shemzi Balla
215 Bayside Dr., Clw, FL 33767** ☐ Change ☒ Addition

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

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

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]* **Ismet Gjeloshi, President** **4-28-03 787-596-0768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR