

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000283

1. Entity Name

HTS SERVICES, INC.

Principal Place of Business

Mailing Address

10950 56TH ST N  
TAMPA FL 33617

10950 56TH ST N  
TAMPA FL 33617-3004

2. Principal Place of Business

3. Mailing Address

10936 N. SCR ST.  
Suite, Apt. #, etc.  
S. 204 P.

10936 N. SCR ST.  
Suite, Apt. #, etc.  
S. 204 P.

City & State

City & State

Temple Terrace, FL

Temple Terrace, FL

Zip

Country

Zip

Country

33617

33617

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSOUR, AHMED R  
10950 56TH ST N.  
TAMPA FL 33617

Name TAREK MORSE

Street Address (P.O. Box Number is Not Acceptable)  
10936 N. SCR ST. Suite 204 P.

City Temple Terrace

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]

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

(NOTE: Registered Agent signature required when reinstating)

04/27/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD  
NAME MORSE, TAREK  
STREET ADDRESS 5512 TERRACE COURT #2  
CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete

TITLE PCD  
NAME MORSE, TAREK  
STREET ADDRESS 14018 HAMSTEAD CT. #418  
CITY-ST-ZIP Tampa - FL - 33613 ☐ Change ☐ Addition

TITLE D  
NAME MANSOUR, AHMED  
STREET ADDRESS 5512 TERRACE COURT #2  
CITY-ST-ZIP TEMPLE TERRACE FL ☒ Delete

TITLE D  
NAME TAREK MORSE  
STREET ADDRESS 14018 HAMSTEAD CT. #418  
CITY-ST-ZIP Tampa - FL - 33613 ☐ Change ☒ Addition

TITLE V  
NAME MORSE, HANA  
STREET ADDRESS 5512 TERRACE COURT #2  
CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete

TITLE V  
NAME MORSE, HANA  
STREET ADDRESS 14018 HAMSTEAD CT. #418  
CITY-ST-ZIP Temple Terrace FL, 33613 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 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

04/27/00

Date

713-854-9500

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90018 001 \*\*\*150.00

05-12-2000 90018 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE