

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90076 035 \*\*\*150.00

**DOCUMENT # G61489**

1. Entity Name

**J & S HOSEIN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1466 N KROME AVE  
 HOMESTEAD FL 33030  
 US

1466 N KROME AVE  
 HOMESTEAD FL 33030-4209  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2417482**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUMEEOUL, HOSEIN**  
**27105 SW 152 CT**  
**NARANJA FL 33032**

Name **TAYSEIR M. ODAH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15705 S.W. 297 TERRACE**  
**HOMESTEAD FL 33033**  
 City **Hstl** State **FL** Zip Code **33033**

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 *Jumeeoul Hosein (Jumeeoul Hosein)*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-27-2000**

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	PDC	<input type="checkbox"/> Delete
NAME	HOSEIN, JUMEEOUL	
STREET ADDRESS	27105 SW 152 CT	
CITY-ST-ZIP	NARANJA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOSEIN, ANTHONY	
STREET ADDRESS	27105 SW 152 CT	
CITY-ST-ZIP	NARANJA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOSEIN, SANDRA	
STREET ADDRESS	27105 SW 152 CT	
CITY-ST-ZIP	NARANJA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYSEIR M. ODAH	
STREET ADDRESS	15705 S.W. 297 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYSEIR M. ODAH	
STREET ADDRESS	15705 S.W. 297 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYSEIR M. ODAH	
STREET ADDRESS	15705 S.W. 297 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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 *Tayseir M. Odah* **TAYSEIR M. ODAH** **3/27/00** **305 297 4496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #