

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90196 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31320

1. Entity Name
HOUMMA, INC.

Principal Place of Business
903 E. CAUSEWAY
VERO BEACH FL 32963

Mailing Address
P. O. BOX 6394
VERO BEACH FL 32961

2. Principal Place of Business
1255 37 Street
Suite, Apt. #, etc.
Suite B

3. Mailing Address
PO Box 6394
Suite, Apt. #, etc.

City & State
Vero Beach FL
Zip
32960
Country
India River

City & State
Vero Beach FL
Zip
32961
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2474777

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

HOOSHMAND, HOOSHANG
~~2004 19 PLACE PO Box 6394~~ 1255 37 Street
VERO BEACH FL 32960 Suite B
32960

Name
Street Address (P.O. Box Number is Not Acceptable)
1255 37 Street Suite B
City Vero Beach FL FL Zip Code 32960

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 tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	HOOSHMAND, HOOSHANG	
STREET ADDRESS	570-C BEACHLAND BLVD. PO Box 6394	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOOSHMOND, CLARA J.	
STREET ADDRESS	570-C BEACHLAND BLVD. PO Box 6394	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2034 (10/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

5612319811
Daytime Phone #