

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90196 010 ***150.00

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

3. Mailing Address

PO Box 6394

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32960

Country

India River

Zip

32961

Country

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

HOOSHMAND, HOOSHANG

2004 19 PLACE

VERO BEACH FL 32960

32960

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **HOOSHMAND, HOOSHANG**
 STREET ADDRESS **570-C BEACHLAND BLVD.** **PO Box 6394**
 CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE **ST** ☐ Delete
 NAME **HOOSHMOND, CLARA J.**
 STREET ADDRESS **570-C BEACHLAND BLVD.** **PO Box 6394**
 CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

5612319811

Daytime Phone #

CR2034 (10/00)