

DOCUMENT # J87665

1. Entity Name

HASHEM'S AUTO WORLD, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90093 042 ***150.00

Principal Place of Business
 5085 PAN AMERICAN BLVD.
 NORTH PORT FL 34287

Mailing Address
 5085 PAN AMERICAN BLVD.
 NORTH PORT FL 34287

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 59-2831772

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

HASHEM, ALBERT A.
 6355 BEEDLA ST.
 NORTH PORT FL 34287

Name Charles S. Hashem

Street Address (P.O. Box Number is Not Acceptable)

7202 Petal Rd

City North Port

FL

Zip Code 34286

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

Charles S. Hashem

Charles S. Hashem Pres.

1-3-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HASHEM ALBERT	6355 BEEDLA ST. NORTH PORT FL 34286	<input checked="" type="checkbox"/> Delete			
	S	HASHEM, DELORES	6355 BEEDLA ST. NORTH PORT FL 34286	<input checked="" type="checkbox"/> Delete			
	PD	HASHEM, CHARLES S	7202 PETAL RD NORTH PORT FL 34286	<input type="checkbox"/> Delete			
	VP	HASHEM, STEPHEN J.	6355 BEEDLA STREET NORTH PORT FL 34286	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:

Charles S. Hashem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-01

Date

941-426-7521

Daytime Phone #

CR2E034 (10/00)