2002 Uniform Business Report (UBR)

K11864 DOCUMENT # **Secretary of State** 1. Entity Name 03-19-2002 90002 012 ***150.00 ODESSA INVESTMENTS, INC. Principal Place of Business Mailing Address 6915 RED RD 11275 NW 58 TERR MIAMI FL 33178 215 A **CORAL GABLES FL 33143** Uŝ 2. Principal Place of Business 3. Mailing Address 219 miracle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0028417 coral bable Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSAM TAHA TAHA, SAMIR M. Street Address (P.O. Box Number is Not Acceptable) 1275 NW SX TORR 7835 N.W. 15TH ST. **MIAMI FL 33126** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) ☐ Addition TITLE Delete TITLE Change TAHA, SAMIR M. NAME NAME STREET ADDRESS 6915 RED RD., #215-1 STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE BASSAM TAHA NAME TAHA, BASSAM NAME 11275 NW STEW STREET ADDRESS STREET ADDRESS 6915 RED ROAD. #215-A mia-EL 33178 CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE Change ☐ Addition TITLE □ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 19, 2002 8:00 am §