2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1390 NE 125TH ST

3. Mailing Address

NORTH MIAMI FL 33161

K13303 **DOCUMENT #**

1. Entity Name

1390 NE 125TH ST

NORTH MIAMI FL 33161

Principal Place of Business

2. Principal Place of Business

HESSAM'S AUTO CENTER, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90122 029 ***150.00

JUU104JJ

CHECK HERE IF MAKING	CHANGES
El Number 65-0024944	Applied For
0570024944	Not Applicabl
· · · · · · · · · · · · · · · · · · ·	4

Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State City & State					4. FEI Number 65-0024944			Applied For		
Zip	Country	Zip	Country		5. C	ertificate of Status Desired		\$8.75 A		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
i	·			Name			9.0.0.00	Agent		
EGHTESSADI, HESSAM			<u> </u>	•						
1390 NE 125TH ST] :	Street Address (P.O. Box Number is Not Acceptable)						
	MAMI FL 33161		<u> </u>					w-		
1101111111	MAINT LE 35101									
!				City			FL	Zip Co	ode	
8. The above	e named entity submits this stateme	ent for the purpose of changin	no its registered	office or regin	torod page	or both in the Chate of Fig.			- , -	
the obliga	tions of registered agent.	and the perpose of changin	ig ita regiaterea i	onice or regis	stereu ager	it, or both, in the State of Flori	da. Tam	taminar with	n, and accept	
						,				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if explicable	ALOTE O							
		адел ала ше н аррісаце.	(NOTE: Registered Ag	jent signature requ	ilfed when rein:	stating)	DATE			
	TLE NOW!!! FEE IS \$150.00				- 1					
Afte	r May 1, 2003 Fee will be \$550.	.00				Election Campaign Final Trust Fund Contribution.		. 5\$	00 May Be	
Make Chec	k Payable to Florida Departmer	nt of State				irust Fund Contribution,	L	ب Adde	ed to Fees	
10.	OFFICERS A	AND DIRECTORS	11.	, .	ADD	ITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 11	
TITLE	D	☐ Delete	TITLE	[**-			☐ Change		
NAME	EGHTESSADI, HESSAM		NAME					☐ Change	Addition	
STREET ADDRESS	1390 NE 125TH ST		STREET A	DORESS					~	
CITY-ST-ZIP	NORTH MIAMI FL		CITY-ST-	ZIP						
TITLE		☐ Delete	TITLE	<u> </u>		······································			T same	
NAME		□ Delete	NAME					Change	☐ Addition	
STREET ADDRESS		•	STREET AL	DDRESS					[
CITY-ST-ZIP			CITY-ST-						ļ	
TITLE		□ Delete	TITLE	17.0-	2			[7] 05		
NAME			NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET AL	ODRESS			•			
CITY-ST-ZIP			CITY-ST-	1					}	
TITLE	-	☐ Delete	TITLE		<u></u>					
NAME		LJ Delete	NAME					☐ Change	Addition	
STREET ADORESS			STREET AC	ODRESS						
CITY-ST-ZIP			CITY-ST-	1					{	
TITLE	<u> </u>	□ Delete	TITLE				·			
NAME		LI Delete	NAME					☐ Change	☐ Addition	
STREET ADDRESS	1		STREET AD	ORFSS					ŀ	
CITY-ST-ZIP			CITY-ST-2						· .	
TITLE	*								_ <u>-</u>	
NAME		☐ Delete	, TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET AD	OBECC						

12. 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 the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP