

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90269 024 \*\*\*\*61.25

**DOCUMENT # N00000006470**

1. Entity Name

**ALBANIAN AMERICAN CULTURAL COMMITTEE OF FLORIDA, INC.**

Principal Place of Business

**113 14TH STREET  
 BELLEAIR BEACH FL 33786**

Mailing Address

**113 14TH STREET  
 BELLEAIR BEACH FL 33786**

80073777



DO NOT WRITE IN THIS SPACE

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

**59-3685174**

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

**GJELOSHI, ISMET  
 113 14TH STREET  
 BELLEAIR BEACH FL 33786**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **HITOS, PAUL**  
 STREET ADDRESS **35000 US 19 N**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **JORGO ZENGO**  
 STREET ADDRESS **1009 8<sup>TH</sup> AVE NW**  
 CITY-ST-ZIP **LODGO FL- 3377**

TITLE **VD** ☒ Delete  
 NAME **IDRIZI, MITHOT**  
 STREET ADDRESS **294 WINWARD PASSAGE ISLAND ESTATES**  
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **AGIM HABIBI**  
 STREET ADDRESS **602 2<sup>ND</sup> ST SW**  
 CITY-ST-ZIP **LODGO FL- 33770**

TITLE **STD** ☐ Delete  
 NAME **GJELOSHI, ISMET**  
 STREET ADDRESS **113 14 STREET**  
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

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

TITLE **D** ☐ Delete  
 NAME **LULGJURAJ, JOHN**  
 STREET ADDRESS **11327 CANTERBURY LANE**  
 CITY-ST-ZIP **SEMINOLE FL 33778**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02**

Date

Daytime Phone #

CR2E037 (9/01)