

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000359

1. Entity Name

PERFORMANCE AUDIO, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90011 022 ***150.00

Principal Place of Business

Mailing Address

3176 PINTO DR.
 KISSIMMEE FL 34746

3176 PINTO DR.
 KISSIMMEE FL 34746

2. Principal Place of Business

5770 W. IRLO BRONSON

Suite, Apt. #, etc.

STORE # 422

3. Mailing Address

5770 W. IRLO BRONSON

Suite, Apt. #, etc.

STORE # 422

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34746

Country

Zip

34746

Country

4. FEI Number

59-3617312

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

SAMMAN, AIMA
 3176 PINTO DR.
 KISSIMMEE FL 34746

Name

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

5770 W. IRLO BRONSON # 422

City

KISSIMMEE

FL

Zip Code

34746

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | SAMMAN, AIMA | |
| STREET ADDRESS | 3176 PINTO DR. | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5770 W. IRLO BRONSON # 422 | |
| CITY-ST-ZIP | KISSIMMEE, FL. 34746 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KASSAR, AZIZA. | |
| STREET ADDRESS | 5770 W. IRLO BRONSON # 422 | |
| CITY-ST-ZIP | KISSIMMEE, FL. 34746 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIMAN SAMMAN 4/25/00 407-787-9790

Date

Daytime Phone #