

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90229 025 ***150.00

DOCUMENT # P00000003515

1. Entity Name

HUSCO FLORIDA INC.,

Principal Place of Business

Mailing Address

314 ROSECLIFF CIRCLE
 SANFORD, FL 32773

660026

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

4. FEI Number

59-3622382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOHAMEDRAZA H. JANMOHAMED
 314 ROSECLIFF CIRCLE
 SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name MOHAMEDRAZA H. JANMOHAMED
 Street Address (P.O. Box Number is Not Acceptable)
 314 ROSECLIFF CIRCLE
 City SANFORD FL Zip Code 32773

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 resigning)

DATE

MOHAMEDRAZA H. JANMOHAMED

04/30/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW
 AFTER MAY 15, 2001
 Fee will be \$550.00
 to Department of State
 Check Payable

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
 NAME MOHAMEDRAZA H. JANMOHAMED
 STREET ADDRESS 314 ROSECLIFF CIRCLE
 CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

(407) 402-4540

Daytime Phone #

CR2E034 (11/00)