

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00 000 0 22361

1. Entity Name

HASAN FARID HASHMI, M.D., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 DEC 10 AM 10:53

Principal Place of Business

Mailing Address

1001 LIVINGSTON AVE  
LUTZ FL 33559

SAME

2. Principal Place of Business

1001 Livingston Rd.

3. Mailing Address

1001 Livingston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FFL Number

59-3668053

Applied For

☒ Not Applicable

Zip

33559-6971

Country

USA

Zip

33559-6971

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Cynthia A. Mikos  
205 N. PARSONS AVE. SUITE A.  
Brandon FL 33510

7. Name and Address of New Registered Agent

Name

SAME

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

Cynthia A. Mikos Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-07-01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT HASAN F. HASHMI M.D. 1001 Livingston Ave. Lutz FL 33559

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
300004729223--7  
-12/17/01--01085--012  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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

HASAN F. HASHMI

Date

11/30/01

Daytime Phone #

813-982-2245

CR2E034 (11/00)