

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90013 003 ***150.00

DOCUMENT # P00000060195

1. Entity Name

H.S. & ZEE, INC.



Principal Place of Business

1943 71ST STREET
MIAMI BEACH FL 33141-6907

Mailing Address

1943 71ST STREET
MIAMI BEACH FL 33141-6907

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 **65-1020546**

Applied For

Not Applicable

5. Certificate of Status Desires ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISMAIL, HAMID ALI
8768 SW 3RD STREET #105
PEMBROKE PINES FL 33025

Name

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

10020 SHERIDAN STREET # 111

City **PEMBROKE PINES**

FL

Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hamid Ali Ismail PTD*

04-10-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **ISMAIL, HAMID ALI**
STREET ADDRESS **8768 SW 3RD STREET #105**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

☒ Change ☐ Addition
NAME **10020 SHERIDAN STREET # 111**
STREET ADDRESS **PEMBROKE PINES FL - 33024**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ 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 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.

SIGNATURE: *Hamid Ali Ismail PTD* 04-10-04 305 866-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #