

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90201 017 ***150.00

DOCUMENT # P 00000060595

1. Entity Name

HIMI TRADING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2018 JOANS TERRACE

Suite, Apt. #, etc.

3. Mailing Address

2018 JOANS TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3654901

Applied For

Not Applicable

Zip

34741

Country

U.S.

Zip

34741

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TOHA SHAMSUD

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

2018 JOANS TERRACE

City

KISSIMMEE

FL

Zip Code

34741

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/28/02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DOTS
TOHA SHAMSUD
2018 JOANS TERRACE
KISSIMMEE FL 34741

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

DATE

Daytime Phone #

CR2E034B (12/01)