

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90232 013 ***150.00

DOCUMENT # P00000082261

1. Entity Name

BLESSING USA INC.

DO NOT WRITE IN THIS SPACE

14010888

2. Principal Place of Business
4855 1ST AVE S

3. Mailing Address
4855 1ST AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3667015

Applied For
Not Applicable

Zip
33711

Country

Zip
33711

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DATU, HUSSAIN

Street Address (P.O. Box Number is Not Acceptable)
4855 1ST AVE S

City ST. PETERSBURG, FL Zip Code 33711

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

4-25-04

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 PS
NAME DATU, HUSSAIN
STREET ADDRESS 4855 1ST AVE S
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME REHAN, MOHAMMED
STREET ADDRESS 4855 1ST AVE S
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE
NAME
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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

Hussain Datu

4/25/04

Date

727-446-6856

Daytime Phone #

CR2E034B (12/01)