

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 025 ***150.00

DOCUMENT # P00000082261

1. Entity Name

BLESSING USA INC.



DO NOT WRITE IN THIS SPACE

11040718

2. Principal Place of Business

4855 1ST AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

4855 1ST AVE SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33711

Country

City & State

ST. PETERSBURG, FLORIDA

Zip

33711

Country

4. FEI Number

59-3667015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HUSSAIN DATU

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

4855 1ST AVE SOUTH

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/24/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

04-24-2003

Date

Daytime Phone #

CR2E034B (12/02)