

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90162 004 ***150.00

0431443 AV

DOCUMENT # P00000086313

1. Entity Name

EXPERT TEAM USA, INC.

Principal Place of Business

**5231 MATADOR CT., BLDG. 33 #12
TAMPA FL 33617**

Mailing Address

**5231 MATADOR CT., BLDG. 33 #12
TAMPA FL 33617**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

540 West shore plaza

3. Mailing Address

6085 Coral Bay RD

Suite, Apt. #, etc.

540

Suite, Apt. #, etc.

6085

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3669162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAHAT, HAMSA

5231 MATADOR CT., BLDG. 33 #12

TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

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 **SALAHAT HAMSA H.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PS** ☐ Delete
NAME **SALAHAT, HAMSA**
STREET ADDRESS **5231 MATADOR CT., BLDG. 33 #12**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VT** ☒ Delete
NAME **HEJAZ, AMAL J**
STREET ADDRESS **1716 CHAPEL TREE CR., APT. E**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☐ Change ☐ Addition
NAME **SAL-KAYALI SAMEH S.**
STREET ADDRESS **6085 Coral Bay RD.**
CITY-ST-ZIP **Tampa, FL, 33647**

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

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

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

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

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

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: **SALAHAT HAMSA H.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.30.02
Date

813-288-2661
Daytime Phone #

CR2E034 (9/01)