

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90019 025 ***150.00

D84532 AV

DOCUMENT # P01000038336

1. Entity Name
MASIMA INC.

Principal Place of Business
2320 CURLEW ROAD
PALM HARBOR FL 34684

Mailing Address
2320 CURLEW ROAD
PALM HARBOR FL 34684

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

59-3714059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MOOSA, ABDUL MAJID
2320 CURLEW ROAD
PALM HARBOR FL 34684

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 *Sulaiman Hudda*

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

(NOTE: Registered Agent signature required when reinstating)

11/10/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD MOOSA, ABDUL MAJID	<input type="checkbox"/> Delete
STREET ADDRESS	2320 CURLEW ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE NAME	VPD HUDDA, NARMEEN S	<input type="checkbox"/> Delete
STREET ADDRESS	2320 CURLEW ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE NAME	SD HUDDA, SULAIMAN S	<input type="checkbox"/> Delete
STREET ADDRESS	2320 CURLEW ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE NAME	TD HEMANI, IQBAL N	<input type="checkbox"/> Delete
STREET ADDRESS	2320 CURLEW ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Sulaiman Hudda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02

Date

Daytime Phone #