

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000056403**1. Entity Name
SYMA CORPORATION**FILED**
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90056 003 ***150.00

Principal Place of Business
1094 DERBYSHIRE RD.
HOLLY HILL FL 32217Mailing Address
1094 DERBYSHIRE RD.
HOLLY HILL FL 32217

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 **59-3724959**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAVADAI, NATHAN
1094 DERBYSHIRE RD.
HOLLY HILL FL 32217

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. 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)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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
STREET ADDRESS
CITY-ST-ZIPP
ASGAR, MOHAMMED
1094 DERBYSHIRE RD.
HOLLY HILL FL 32217☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (386) 258-5567

CR2E004 (4/02)

Attachment

976647

SYMA CORPORATION
1940 DERBYSHIRE ROAD
HOLLY HILL, FL 32217
386-258 8567

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Document # P01000056403

676843

To Whom It May Concern,

Enclosed, please find our 2002 Uniform Business Report and a check for \$150.00

We have no record of having received this report earlier this year. We are new in business and were unaware (until we met with a CPA), that we needed to file this report annually.

It would pose a severe financial burden on us to have to pay \$550 at this time as we struggle to get the business going.

We therefore, respectfully request that you do not impose the \$400 late filing fee.

Thank you for your assistance in this matter.

Sincerely,



6-5-02

Mohammed Asgar, President.