

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90050 043 ***150.00

DOCUMENT # P01000113276

1. Entity Name
AA ABBAS & ASEM, INC.

Principal Place of Business

**9112 N. FLORIDA AVE.
TAMPA FL 33604**

Mailing Address

**9112 N. FLORIDA AVE.
TAMPA FL 33604**

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

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

**REIBER, JACOB I
26650 HWY. 54
LUTZ FL 33559**

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 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 **D** ☐ **Delete**
NAME **JAMALEDDINE, ASEM**
STREET ADDRESS **9112 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **D** ☐ **Delete**
NAME **MOHAMMED, HASHEMI**
STREET ADDRESS **9112 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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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:

A SIGNATURE REQUIRED

Almas Abbas

Date: _____ Printing Phone: _____

CR2E034 (4/02)

Attachment
Doc. # 872607
#81000113276

ESSENCE BEAUTY SUPPLY
9112N.FLORIDA AVE
Tampa FL33604-1421

9/13/02

To whom it may concern at the DEP. OF STATE /DIV OF CORP.

I called this morning inquiring about the reason the fee is five hundreds and fifty dollars, the person I was talking to explained that I should filed at the beginning of the year hence why the fee is too high and should have received prior notice in the mail, I explained that this was the first notice I received, he responded to me to send this letter with check of one hundred and fifty dollars because this is our first year filling and it will be taking care of as far as the name of the person I spoke to I was instructed I don't need any name.

Thank you
Abbas Hashemi

I P A Y P O I N T R E P O R T I

Page 1

Cashier Receipts #4246 to #4518 Console Id #0002
Shift #1863 08/25 05:02 to 08/25 13:59 Printed: 08/25 13:59

SHELL 6431 GHASSAN MANSOUR PRES
B-SITE 8210 PARKEDGE DR
SYSTEM Ver: 96.1.36 TAMPA FL
CONSOLE Ver: 40.0.22