

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90321 024 \*\*\*150.00

**DOCUMENT # P02000016235**

**1. Entity Name**  
**JAMIL RECORDS, INC.**



**Principal Place of Business**  
1626 LAKE TRAFFORD RD  
IMMOKALEE FL 34142

**Mailing Address**  
1626 LAKE TRAFFORD RD  
IMMOKALEE FL 34142

05040041



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

33-0994433

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HUWEH, RASHIDA**  
3265 ROYAL PALM AVE  
FT MYERS FL

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**  
DPT  
HUWEH, RASHIDA H  
1626 LAKE TRAFFORD RD  
IMMOKALEE FL 34142 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DVS  
RASHID, SAMER  
1626 LAKE TRAFFORD RD  
IMMOKALEE FL 34142 ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
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☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE**  
**NAME**  
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☐ Change ☐ Addition

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

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *RASHIDA HUWEH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

239-657-5004

Daytime Phone

CR2E034 (10/02)