

FILED  
Mar 07, 2003 8:00 am  
Secretary of State

03-07-2003 90138 009 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060386

1. Entity Name  
HAMDIN EXPRESS TRUCKING, INC.



10033294



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
33-1006530  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AHMAD, AHMAD  
10535 LEM TURNER RD  
APT, 924  
JACKSONVILLE, FL 32218

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. 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	D	<input type="checkbox"/> Delete
NAME	AHMAD AHMAD	
STREET ADDRESS	10535 LEM TURNER RD APT 924	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADDAR AL ZAIDI	
STREET ADDRESS	4237 KELLY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	NASH AHMAD	
STREET ADDRESS	9731 SW 813 TERRACE ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TREAS	<input type="checkbox"/> Delete
NAME	OMAR MARRAR	
STREET ADDRESS	3237 ST JOHN'S BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03  
Date

404-476-817  
Daytime Phone

CR2E034 (10/02)