

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0117297 AV

DOCUMENT # P02000102160

1. Entity Name  
EMAD HASAN, INC.



FILED

03 OCT 17 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2802 S US 1  
FT PIERCE FL 34982

Mailing Address  
2802 S US 1  
FT PIERCE FL 34982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. FEI Number

56-2294649

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

HASAN, EMAD  
661 SW 75 TER  
PLANTATION FL 33317

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HASAN, EMAD  
661 SW 75 TER  
PLANTATION FL 33317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000023905400  
10/17/03--01045--012 \*\*150.00

☐ Change

☐ Addition

TITLE  
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☐ Delete

TITLE  
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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Emad Hasan, Inc.  
2802 S US Highway One  
Ft. Pierce, FL 34982

September 30, 2003

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

RE: Document # P02000102160

To Whom It May Concern:

We are in receipt of your 2003 Uniform Business Report. This is the first report we have received. We have always paid our fees on time and respectfully request that you accept our check for \$150.00 to cover the 2003 filing fees. We do not understand why we did not receive the first report.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Emad Hasan', written over a horizontal line.

Emad Hasan  
President