

2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 011 ***150.00

DOCUMENT # P02000102448

1. Entity Name

SAMER'S CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

950 HIALEAH DR.

Suite, Apt. #, etc.

3. Mailing Address

950 HIALEAH DR.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

City & State

HIALEAH, FL

Zip

33010

Country

USA

4. FEI Number

65-1165582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HAMMAD, IBRAHIM S.

Street Address (P.O. Box Number is Not Acceptable)

950 HIALEAH DR.

City

HIALEAH

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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.

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMAD, IBRAHIM S 6411 COW PEN RD. #202 HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IBRAHIM HAMMAD

4/17/06

Date

805-887-0107

Daytime Phone #

CR2E034B (12/01)