

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90095 003 \*\*\*150.00

DOCUMENT # P02000118131

1. Entity Name  
HAMODI STATION INC.



Principal Place of Business  
4204 LAND-O-LAKE BLVD.  
LAND O LAKES FL 34639

Mailing Address  
4204 LAND-O-LAKE BLVD.  
LAND O LAKES FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1557276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

AL MUSLEH, SALEH  
10569 GREATFALLS LANE  
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

SAMI TWAM

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

10610 N. 30th St. #8A

City

TAMPA

FL

Zip Code

33612

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 Sami Twam

SAMI TWAM

2/24/03

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 ☒ Delete  
NAME AL MUSLEH, SALEH  
STREET ADDRESS 10569 GREATFALLS LANE  
CITY-ST-ZIP TAMPA FL 33647

TITLE P,T ☒ Delete  
NAME AL MUSLEH, SALEH  
STREET ADDRESS 10569 GREATFALLS LANE  
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☒ Delete  
NAME OLEO, JACQUELINE  
STREET ADDRESS 10569 GREATFALLS LANE  
CITY-ST-ZIP TAMPA FL 33647

TITLE VP,S ☒ Delete  
NAME OLEO, JACQUELINE  
STREET ADDRESS 10569 GREATFALLS LANE  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME SAMI TWAM  
STREET ADDRESS 10610 N. 30th St. #8A  
CITY-ST-ZIP TAMPA, FL 33612

TITLE P,T ☐ Change ☒ Addition  
NAME SAMI TWAM  
STREET ADDRESS 10610 N. 30th St. #8A  
CITY-ST-ZIP TAMPA, FL 33612

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

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

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

TITLE ☐ Change ☐ 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 SALEH ALMUSLEH 2/24/03

Date

Day Time Phone #

CR2E034 (10/02)