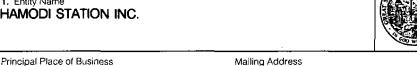
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000118131

1. Entity Name HAMÓDI STATION INC.



4204 LAND-O-LAKE BLVD. 4204 LAND-O-LAKE BLVD. LAND O LAKES FL 34639 LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1-WA1 AL MUSLEH, SALEH Street Address (P.O. Box Number is Not Acceptable) 10569 GREATFALLS LANE **TAMPA FL 33647** TAMPA 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. IMAC 1 AW SIGNATURE \_ Signature, typed oriprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition AL MUSLEH, SALEH NAME NAME SAMITWAM 1060 M. 301 10569 GREATFALLS LANE STREET ADDRESS STREET ADDRESS 29 M A TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP P.T Delete TITLE Change **X** Addition AL MUSLEH, SALEH NAME NAME 10569 GREATFALLS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE D Delete TITLE ☐ Change Addition NAME OLEO, JACQUELINE 10569 GREATFALLS LANE STREET ADORESS STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-7IP VP.S TITLE ☐ Change Addition TITLE Delete NAME OLEO, JACQUELINE NAME STREET ADDRESS 10569 GREATFALLS LANE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

HIJZNMJA HIJJAC

☐ Addition

☐ Change

FILED

Apr 02, 2003 8:00 am Secretary of State

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