

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90039 022 ***150.00

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DOCUMENT # P94000074983

1. Entity Name
IMAN U.S.A., INC.



Principal Place of Business
**3428 1/2 GRAND AVE
MIAMI FL 33133**

Mailing Address
**3428 1/2 GRAND AVE
MIAMI FL 33133**

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 **65-0533546**

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

SHAHIN, MAHMOUD S
~~**3424 GRAND AVE.**~~
COCONUT GROVE FL 33133

Name

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

3428 1/2 Grand Ave

COCONUT GROVE FL 33133

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SHAHIN, MAHMOUD S
3428 GRAND AVE.
COCONUT GROVE FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

90143379

PG4000074983

Miami, FL July 11-2003

Division of Corp.
Uniform Business Report Filings.

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear : Sir

I'm sending just \$150.00 dollars, because I didn't received this Notification before, Some body told me that is usual to be received it on January to be paid on May but. I'm sure that I didn't So please accept my excuse the business is very slow my economical situation is not good. please Help me. Also check the Address is wrong I write the Right one. This is why I did not Received the 1st time and now some body bring to my business.
Thank you very much.

428 1/2 Grand Avenue.

Coconut Grove FL 33133

Mahmud S. Si