

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0103484 AV

04-08-2002 90205 026 ***150.00

DOCUMENT # P94000086434

1. Entity Name
HUSNA IMPORTS, INC.

Principal Place of Business
7878 LAKE DAWN
WINTER PARK FL 32792

Mailing Address
P.O. BOX 149428
ORLANDO FL 32814-9428



2. Principal Place of Business

3. Mailing Address
INTERNATIONAL PROFESSIONAL

Suite, Apt. #, etc.

Suite, Apt. #
SERVICES CORP.
2813 S. Hiawassee Rd., # 104

City & State

City & State
Orlando, FL 32835

4. FEI Number
59-3282859

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

AHMAD, IRSHAD
7878 LAKE LAWN DRIVE
WINTER PARK FL 32792

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
AHMAD, IRSHAD
7878 LAKE LAWN DRIVE
WINTER PARK FL 32792

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AD
AHMAD, HUSNA
7878 LAKE LAWN DRIVE
WINTER PARK FL 32792

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

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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 Block 12 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

3-28-02

Date

(407) 422-1866

Daytime Phone #

CR2E034 (9/01)