

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054945

1. Entity Name

UNITED AMERICAN MOTORS, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90040 012 ***150.00

Principal Place of Business

1575 AVIATION CENTER PKWY
STE 407
DAYTONA BEACH FL 32114
US

Mailing Address

POB 22077
LAKE BUNA BISTA FL 32830
US

2. Principal Place of Business

1575 Aviation Center pkwy
Suite, Apt. #, etc.
407

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Daytona beach

City & State

Zip

32114

Country

Volusia

Zip

Country

4. FEI Number

59-1459027

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

ALBASHRAWI, ABDULLAH
1575 AVIATION CENTER PKWY
STE 407
DAYTONA BEACH FL 32114

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ALBASHRAWI, ABDULLAH
CITY-ST-ZIP 1575 AVIATION CENTER PKWY, STE 407
DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALBASHRAWI, AHMED
CITY-ST-ZIP 1575 AVIATION CENTER PKWY. STE 407
DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

04/10/2001

Date

Daytime Phone #

CR2E034 (10/00)