

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084807

1. Entity Name
RASMI SONS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90019 022 ***150.00

Principal Place of Business
**5501 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US**

Mailing Address
**P.O. BOX 66
GOLDENROD FL 32733-0066
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5343 West IRLO BRONSON HWY.

3. Mailing Address
Suite, Apt. #, etc.

City & State
KISSIMMEE, FL 34746

City & State

4. FEI Number
59-3341285

Applied For
Not Applicable

Zip
Country
US

Zip
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELMUSA, MAZEN
2744 DELCREST DRIVE
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name
ELMUSA MAZEN

Street Address (P.O. Box Number is Not Acceptable)
10461 VIA DEL SOL

City
ORLANDO, FL Zip Code
32817

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4.1.00

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELMUSA, MAZEN
10461 VIA DELSOL
ORLANDO FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALMOUSA, JAMAL
3240 ARROWHEAD LANE
KISSIMMEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4.1.00 (407)397-2229
Daytime Phone #

CFR2034 (9/99)