

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90366 032 \*\*\*150.00

**DOCUMENT # P95000084807**

1. Entity Name

**RASMI SONS, INC.**

Principal Place of Business

**5343 WEST IROL BRONSON  
KISSIMEE FL 34746  
US**

Mailing Address

**P.O. BOX 66  
GOLDENROD FL 32733  
US**

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

**59-3341285**

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

**ELMUSA, MAZEN  
10461 VIA DEL SOL  
ORLANDO FL 32817**

Name

**ELMUSA MAZEN**

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

**2505 TETON STONE RUN**

City

**ORLANDO**

**FL**

Zip Code  
**32828**

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

☒ Change ☐ Addition  
TITLE **ELMUSA MAZEN**  
NAME **ELMUSA MAZEN**  
STREET ADDRESS **2505 TETON STONE RUN**  
CITY-ST-ZIP **ORLANDO, FL.32828.**

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

☐ 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:

**ELMUSA MAZEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.9.02 (407) 390-9111**

CP2E034 (9/01)