

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011186

1. Entity Name

SAMHOW INC.

Principal Place of Business

3121 W HALLANDALE BCH BLVD STE 102
PEMBROKE PARK FL 33009

Mailing Address

3121 W HALLANDALE BCH BLVD STE 102
PEMBROKE PARK FL 33009-5149

2. Principal Place of Business

3. Mailing Address

3121 W. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 121

City & State

City & State

PEMBROKE PARK, FLORIDA

Zip

Zip

33009

Country

US

4. FEI Number

65-0639052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAZAYRI, SAM
3121 W HALLANDALE BCH BLVD STE 102
PEMBROKE PARK FL 33009

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, 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

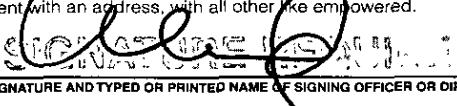
11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAZAYRI, SAM 3121 W HALLANDALE BCH BLVD STE 102 PEMBROKE PARK FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUSID, HOWARD 3121 W HALLANDALE BCH BLVD STE 102 PEMBROKE PARK FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 7 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

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90081 013 ***150.00



DO NOT WRITE IN THIS SPACE

1-27-00

951
964-6866
Daytime Phone #