

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018906

07-24-2000 90010 007 ***150:00

1. Entity Name

MOUHANDISEENS, INC.

FILED

00 AUG 15 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8620 TEMPLE TERRACE HWY
TAMPA FL 33637
US

Mailing Address

8620 TEMPLE TERRACE HWY
TAMPA FL 33637
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

59-3359794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SURYO, HARIANTO
2101 GLEN HEIGHTS PL
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Charles Haddad

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

8777 Orange Oaks Circle

Tampa
City

FL 33637
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

7-15-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	SURYO, HARIANTO	
STREET ADDRESS	2101 GLEN HEIGHTS PL	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADDAD, CHARLES	
STREET ADDRESS	8777 ORANGE OAKS CIRCLE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 (813) 988-5792
Date Daytime Phone #

CR2E034 (5/00)

F96000618906

A0069344

**Mouhandiseens Inc.
8620 Temple Terrace Hwy
Tampa Fl 33637
(813) 988-5792**

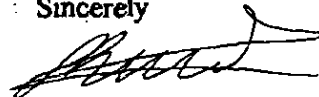
**To: Florida Department of State
Division of Corporations**

Date: July 15, 2000

In response to your second notice regarding the 2000 Uniform Business Report, I am sorry to inform you that I have not received the first notice of the (UBR). It could have been lost in the mail or was not sent to me in the first place. Therefore, please accept the enclosed check for \$150.00 representing the original filing fee.

Thank you for your understanding and cooperation in this matter. If additional information is needed, please don't hesitate to contact me at the above address.

Sincerely



**Charles Haddad
President**