

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90716 047 \*\*\*150.00

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**DOCUMENT # P96000019633**

1. Entity Name  
**MOHSIN, INC.**



Principal Place of Business  
**2415 NORTH MONROE ST., #2130  
TALLAHASSEE FL 32303**

Mailing Address  
**POST OFFICE BOX 37054  
TALLAHASSEE FL 32315**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3365003**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALI, USMAN  
627 FULTON ROAD #28  
TALLAHASSEE FL 32312**

Name **Ligia Vanessa Machado**  
Street Address (P.O. Box Number is Not Acceptable)  
**4533 Highgrove Rd**  
City **Tallahassee** FL Zip Code **32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronan Machado**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **USMAN, ALI**  
STREET ADDRESS **641 FULTON RD, #89**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VP** ☐ Delete  
NAME **MONSIN, ALI**  
STREET ADDRESS **345 MEADOW RIDGE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **P** ☒ Change ☐ Addition  
NAME **Mohsin, Ali**  
STREET ADDRESS **4533 Highgrove Rd**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **T** ☐ Delete  
NAME **MACHADO, VANESSA L**  
STREET ADDRESS **627 FULTON ROAD #28**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **T** ☒ Change ☐ Addition  
NAME **Machado, Ligia V**  
STREET ADDRESS **4533 Highgrove Rd**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Ronan Machado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**850 383 9917**

Daytime Phone #

CR2E034 (10/02)