

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0426791 AV

DOCUMENT # P96000037074

1. Entity Name
KENNEDY IMPORT INC.

03-06-2002 90104 004 ***150.00

Principal Place of Business
1001 W KENNEDY BLVD
TAMPA FL 33606
US

Mailing Address
4015 BAYSHORE BLVD #17E
17E
TAMPA FL 33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 w Kennedy Blvd

3. Mailing Address
4015 Bayshore Blvd

Suite, Apt. #, etc.
17E

City & State
Tampa FLA

City & State
Tampa FLA

4. FEI Number
59-3370199

Applied For
 Not Applicable

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

Zip
33606 Country
Hillsborough

Zip
~~33611~~ Country
Hillsborough

6. Name and Address of Current Registered Agent
TAHSINI, HOSSEIN
4015 BAYSHORE BLVD. STE 17E
TAMPA FL 33611

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P HOSSEIN - TAHSINI 4015 BAYSHORE BLVD #17E TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *H. Tahsini* **2-22-02** **(813) 254-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)