

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065011

1. Entity Name

ASIM SONS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90282 045 ***150.00

Principal Place of Business

Mailing Address

9301 N. NEBRASKA
TAMPA FL 33612

9301 N. NEBRASKA
TAMPA FL 33612-8022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3398780

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

RAMON CARRION, P.A.
28100 U.S. 19 NORTH, SUITE 502
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name ASIM A. KOHARI

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

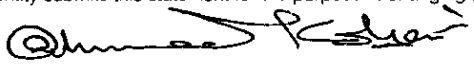
6032 CATLIN DR.

City TAMPA

FL

Zip Code 33647

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  (V-P)

(NOTE: Registered Agent signature required when reinstating)

DATE

X 24th MARCH 2000

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

TITLE P
NAME KOHARI, OMAIR ☐ Delete
STREET ADDRESS 6032 CATLIN DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE VP
NAME KOHARI, OMAIR ☒ Delete
STREET ADDRESS 6032 CATLIN DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP
NAME ASIM A. KOHARI ☒ Change ☐ Addition
STREET ADDRESS 6032 CATLIN DR.
CITY-ST-ZIP TAMPA FL 33647

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

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

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

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 24th MARCH 2000