

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 004 ***158.75

DOCUMENT # **P97000045816**

1. Entity Name

TASSAD INDUSTRIES, INC.

Principal Place of Business

**6412, N. UNIVERSITY DRV, #121,
 TAMARAC, FL-33321**

Mailing Address

**6412, N. UNIVERSITY DRV, #121,
 TAMARAC, FL-33321**

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

65-0755980

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

00057750

6. Name and Address of Current Registered Agent

**FILINGS, INC.
 3732, N.W. 16th STREET
 FT. LAUDERDALE, FL-33311-4132**

7. Name and Address of New Registered Agent

Name **TASSADAQ SAMUEL NAIMAT**
 Street Address (P.O. Box Number is Not Acceptable)
9033, WILES ROAD, #103-4,
 City **CORAL SPRINGS, FL** Zip Code **33067**

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 **TASSADAQ SAMUEL NAIMAT, Sec. of CORPORATION**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/2000

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 PRESIDENT (P)	<input type="checkbox"/> Delete
NAME NAIMAT MASIH	
STREET ADDRESS 9033, WILES ROAD, #103-4,	
CITY-ST-ZIP CORAL SPRINGS, FL-33067	
TITLE Sec. of CORPORATION (S)	<input type="checkbox"/> Delete
NAME TASSADAQ SAMUEL NAIMAT	
STREET ADDRESS 9033, WILES ROAD, #103-4,	
CITY-ST-ZIP CORAL SPRINGS, FL-33067	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **TASSADAQ SAMUEL NAIMAT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2000

Date

(954) 796-9674

Daytime Phone #

CR2E034 (9/99)