

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90544 025 ***158.75

DOCUMENT # P97000045816

1. Entity Name
TASSAD INDUSTRIES INC.

Principal Place of Business Mailing Address
6412 NORTH UNIVERSITY DRIVE OFFICE #121 TAMARAC FL 33321

626776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4613, University Drive,
 Suite, Apt. #, etc.
#273
 City & State
Coral Springs, FL -

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **65-0755980** Applied For
 Not Applicable

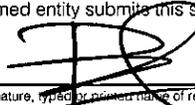
Zip Country
33067 U.S.A.

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

6. Name and Address of Current Registered Agent
NAIMAT, TASSADAR S
9033 WILES ROAD #103-4
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
 Name
NAIMAT, TASSADA @ SAMUEL
 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  (Sec. of Corp.) DATE **02/16/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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**

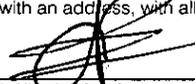
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASIH, N. 6412 NORTH UNIVERSITY DR., OFFICE #121 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASIH, T 9033 WILES RD, #103 BLDG G #4 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MASIH, NAIMAT 9033, Wiles Road, #103-4, CORAL SPRINGS, FL-33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. of Corp. TASSADAR SAMUEL NAIMAT 9033, Wiles Road, #103-4, CORAL SPRINGS, FL-33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President/Director** Date **02/16/01** Daytime Phone # **954-796-9674**

CR2E034 (10/00)