

# 03 FOR PROFIT CORPORATE UNIFORM BUSINESS REPORT

DOCUMENT # p97000047146

1. Entity Name

CSIMart, INC/DBA palNet



FILED

03 SEP -5 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

CSIMart, INC

3. Mailing Address

13700 Oak Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie - FL

City & State

Davie

Zip

33325

Country

Broward

Zip

33325

Country

USA

4. FEI Number

650755788

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Abdul Eldick

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

13700 Oak Ridge Dr

City

Davie

FL

Zip Code

33325

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-15-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

|                |  |
|----------------|--|
| TITLE          | <u>president</u>                         |
| NAME           | <u>Maan Bseiso</u>                       |
| STREET ADDRESS | <u>13700 Oak Ridge Dr, Davie, FL</u>     |
| CITY-ST-ZIP    | <u>33325</u>                             |
| TITLE          | <u>V. president</u>                      |
| NAME           | <u>Janan Eidick</u>                      |
| STREET ADDRESS | <u>8030 Peters Rd, Plantation, FL</u>    |
| CITY-ST-ZIP    | <u>33324</u>                             |
| TITLE          | <u>V. president</u>                      |
| NAME           | <u>Adam Eidick</u>                       |
| STREET ADDRESS | <u>3940 Riverland Rd, Ft. Lauderdale</u> |
| CITY-ST-ZIP    | <u>33312</u>                             |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |                                     |
|----------------|-------------------------------------|
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS | <u>500022484875</u>                 |
| CITY-ST-ZIP    | <u>08/21/03--01054--018 **61.25</u> |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS | <u>500022484875</u>                 |
| CITY-ST-ZIP    | <u>08/21/03--01054--018 **8.75</u>  |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS | <b>DO NOT WRITE</b>                 |
| CITY-ST-ZIP    | <b>IN THIS SPACE</b>                |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          |                                     |
| 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-03

Date

Daytime Phone #

CR2E034B (12/02)