

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090229

1. Entity Name

H & K INC OF TAMPA BAY

Principal Place of Business

Mailing Address

8910 N. DALE MABRY  
SUITE 37  
TAMPA FL 33614

8910 N. DALE MABRY  
SUITE 37  
TAMPA FL 33614-1500

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 59-3475222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAFEEZ, JAVED  
6103 MARBELLA BLVD.  
APOLLO BEACH FL 33572

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME HASHMI, HASAN ☐ Delete  
STREET ADDRESS 1001 LIVINGSTON AVE  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE P  
NAME HAFEEZ, JAVED ☐ Delete  
STREET ADDRESS 6103 MARBELLA BLVD  
CITY-ST-ZIP APOLLO BEACH FL 33572

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

TITLE D  
NAME HASHMI, ARJUMAND ☐ Delete  
STREET ADDRESS 18123 LONGWATER RUN DR  
CITY-ST-ZIP TAMPA FL 33647

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

TITLE T  
NAME KHAN, SHAHNAZ ☒ Delete  
STREET ADDRESS 11310 GRANDVIEW DR  
CITY-ST-ZIP DADE CITY FL 33525

TITLE TD  
NAME R. GOVINDARAJU ☒ Change ☐ Addition  
STREET ADDRESS 17701 SIMMS Rd  
CITY-ST-ZIP ODESSA FL-33556

TITLE VP  
NAME FIDA, SHAHEEN ☐ Delete  
STREET ADDRESS 2365 HADDON HALL PL  
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90102 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)