

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000030459

1. Entity Name

SIROB INC OF SARASOTA



FILED
Jan 31, 2005 08:00 AM
Secretary of State

Principal Place of Business

4405 WASHINGTON BLVD.
SARASOTA FL 34224

Mailing Address

4405 WASHINGTON BLVD.
SARASOTA FL 34224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0836110

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

BASSIL, BASSIL
4405 WASHINGTON BLVD.
SARASOTA FL 34224

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

(Signature of registered agent or typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME BASSIL, BASSIL
STREET ADDRESS 4348 LOST FOREST LN
CITY-STATE-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000206300
CITY-STATE-ZIP 01/31/05-80078-013 150.00

TITLE V ☐ Delete
NAME BASSIL, TANNOUS
STREET ADDRESS 6822 GRANDHONT ST
CITY-STATE-ZIP DETROIT MI 48228

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

TITLE T ☐ Delete
NAME BASSIL, IRENA
STREET ADDRESS 6822 GRANDMONT ST
CITY-STATE-ZIP DETROIT MI 48228

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

TITLE V ☐ Delete
NAME BASSIL, HANNA
STREET ADDRESS 20325 FAIRVIEW ST
CITY-STATE-ZIP DEARBORN HEIGHTS MI 48127

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

TITLE V ☐ Delete
NAME BASSIL, GHADA
STREET ADDRESS 20325 FAIRVIEW ST
CITY-STATE-ZIP DEARBORN HEIGHTS MI 48127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 Block 11 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

Overtime Phone #

1-24-2005 941-3501065