2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000038857

1. Entity Name

G.E. KASSAM, INC.



Principal Place of Business 2590 NW 112TH AVE CORAL SPRINGS FL 33065

PIOTRKOWSKI, JOEL S

Signature, typed or pr

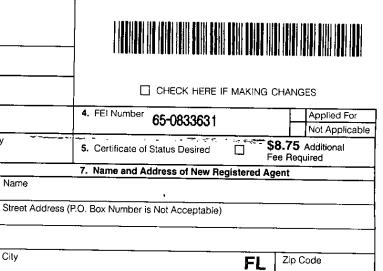
317 71ST STREET MIAMI BEACH FL 33141 Mailing Address 2590 NW 112TH AVE CORAL SPRINGS FL 33065

Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>			
City & State	City & State	-			

Zip



02-17-2003 90195 045 ***150.00



3.	The above named entity submits this statement for t	the purpose of changing its registered office or registered agent, or both, in the	State of Florida I am familia with a last
	the obligations of registers, agent.		State of Florida. I am familiar with, and accept

City

Country

SIGNATURE

Zip

FILE, NOW!!! FEE:IS \$150.00

* After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

ame of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTOR	ne					
OTTO DE LOTORO			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	Kassam, Esmail H 2590 NW 112TH AVE Coral Springs FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSAM, GULSHAN E 2590 NW 112TH AVE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY'ST-ZIP	Ŧ.,		☐ Change	Addition
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12. Thereby 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

SIGNATURE: