

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000005981

1. Entity Name
AMIN & AMIN ENTERPRISE, INC.



FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90127 027 ***150.00

Principal Place of Business
604 S PINELLAS AVE
TARPON SPRINGS FL 34689-2623

Mailing Address
730 WATERSIDE COURT
TARPON SPRINGS FL 34689-2623

30013370



2. Principal Place of Business

604 S. PINELLAS AVE
Suite, Apt. #, etc.

3. Mailing Address

730 WATERSIDE CT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TARPON SPRINGS, FL.

Zip
34689 **Country**
PINELLAS

City & State
TARPON SPRINGS, FL.

Zip
34689 **Country**
PINELLAS

4. FEI Number
59-3563969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMIN, HARISH
730 WATERS CT
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
AMIN & AMIN ENTERPRISES, INC.
Street Address (P.O. Box Number is Not Acceptable)
730, WATERSIDE CT.

City
TARPON SPRINGS **FL** **Zip Code**
34689

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, typed or printed 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ **Delete**
NAME
AMIN, HARISH
STREET ADDRESS
730 WATERSIDE COURT
CITY-ST-ZIP
TARPON SPRINGS FL 34689-2623

TITLE
TD ☐ **Delete**
NAME
AMIN, YAMINI
STREET ADDRESS
730 WATERSIDE COURT
CITY-ST-ZIP
TARPON SPRINGS FL 34689-2623

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 827-938-4000

Date Daytime Phone #

CR2E034 (10/02)