

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90032 009 ***150.00

DOCUMENT # P99000006728

1. Entity Name

ABDIN INTERNATIONAL TOBACCO CORPORATION

Principal Place of Business

7756 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

Mailing Address

7756 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

00032392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8536 Summerville Tr

3. Mailing Address

8536 Summerville Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number 59-3553399

Applied For

Not Applicable

Zip

Country

32819

Zip

Country

32819

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

ABDIN, JIM

7756 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

Name

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

8536 Summerville Tr

City

Orlando

FL

Zip Code

32819

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, 2001 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 PD
NAME ABDIN, JIM
STREET ADDRESS 7756 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8536 Summerville Tr
CITY-ST-ZIP Orlando, FL 32819

TITLE VB
NAME ALKOKA, LOURAN
STREET ADDRESS 7756 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747 ☒ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (10/00)