

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011046

1. Entity Name

SSAK, INC

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 014 ***150.00

Principal Place of Business

Mailing Address

1905 W. VINE ST
KISSIMMEE FL 34741

7929 N.W MIAMI CT
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

ALNOOR KARIM
30 N.E. 104 ST
MIAMI SHORES FL 33138

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

TITLE: PRESIDENT / SEC
NAME: KARIM ALNOOR
STREET ADDRESS: 30 N.E. 104 ST
CITY-ST-ZIP: MIAMI SHORES FL 33138 ☐ Delete

TITLE: ☐ Delete

NAME: ☐ Delete

STREET ADDRESS: ☐ Delete

CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete

NAME: ☐ Delete

STREET ADDRESS: ☐ Delete

CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete

NAME: ☐ Delete

STREET ADDRESS: ☐ Delete

CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: V Pres ☐ Change ☒ Addition
NAME: KARIM SALIM
STREET ADDRESS: 1905 W VINE ST
CITY-ST-ZIP: KISSIMMEE FL 34741 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

KARIM ALNOOR KARIM

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)