

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90034 011 ***150.00

DOCUMENT # P99000047539

1. Entity Name
599, INC.



Principal Place of Business
600 BRICKELL AVE., #105
MIAMI, FL 33131

Mailing Address
600 BRICKELL AVE., #105
MIAMI, FL 33131

94058233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0928729

Applied For

Not Applicable

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

HUSSAIN, SHABIR
600 BRICKELL AVE., #165
MIAMI, FL 33131

Name

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

City

FL

Zip Code

33131

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, 2004 Fee will be \$550.00

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 PD ☐ Delete
NAME HUSSAIN, SHABIR
STREET ADDRESS 600 BRICKELL AVE., #165
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME 600 Brickell Ave #105
STREET ADDRESS MIAMI FLORIDA
CITY-ST-ZIP 33131

TITLE VPD ☐ Delete
NAME HUSSAIN, MUMTAZ
STREET ADDRESS 600 BRICKELL AVE., #165
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS Suite 105
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME IDREES, MUHAMMAD
STREET ADDRESS 600 BRICKELL AVE., #165
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS Suite 105
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME IDREES, SAMINA
STREET ADDRESS 600 BRICKELL AVE., #165
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS Suite #105
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADDED MUHAMMAD