

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048109

1. Entity Name

H&H EMPORIUM, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90006 042 ***150.00

Principal Place of Business

5355 TOWN CENTER ROAD, SUITE 801
 BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER ROAD, SUITE 801
 BOCA RATON FL 33486-1069

2. Principal Place of Business

7191 PEMBROKE RD

3. Mailing Address

7191 PEMBROKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0930923

Applied For

Not Applicable

Zip

33023

Country

U.S.A

Zip

33023

Country

U.S.A

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

WEISS, MICHAEL N

5355 TOWN CENTER ROAD, SUITE 801
 BOCA RATON FL 33486

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	D	<input type="checkbox"/> Delete
NAME	MOHAMMED HASHIM, NASIR	
STREET ADDRESS	C/O 5355 TOWN CENTER RD, SUITE 801	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALEEM, MOHAMMED	
STREET ADDRESS	C/O 5355 TOWN CENTER RD, SUITE 801	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED HASHIM NASIR	
STREET ADDRESS	7191 PEMBROKE RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEEM, MOHAMMED	
STREET ADDRESS	7191 PEMBROKE RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

02-05-00

954 9836185

CR2E034 (9/99)