

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90401 015 ***150.00

DOCUMENT # P99000048109

1. Entity Name
H&H EMPORIUM, INC.

Principal Place of Business

**7191 PEMBROKE ROAD
 HOLLYWOOD FL 33023**

Mailing Address

**7191 PEMBROKE ROAD
 HOLLYWOOD FL 33023**

2. Principal Place of Business

8911 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

8911 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

Country

33351 BROWARD

Zip

Country

33351 BROWARD

4. FEL Number

65-0930923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WEISS, MICHAEL N

**5355 TOWN CENTER ROAD, SUITE 801
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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)**

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**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MOHAMMED HASHIM, NASIR	
STREET ADDRESS	7191 PEMBROKE ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	-> NEW ADDRESS ->
TITLE	P	<input type="checkbox"/> Delete
NAME	SALEEM, MOHAMMED	
STREET ADDRESS	7191 PEMBROKE ROAD	-> NEW ADDRESS ->
CITY-ST-ZIP	HOLLYWOOD FL 33023	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED HASHIM, NASIR	
STREET ADDRESS	8911 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEEM, MOHAMMED	
STREET ADDRESS	8911 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
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		
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

MOHAMMED SALEEM 04-01-02 954 749 0302

Date

Daytime Phone #

CR2E034 (9/01)