

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073809

1. Entity Name

HAMRA INVEST & TRADE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90088 010 ***150.00

Principal Place of Business

4340 FALMOUTH DRIVE APT. D-204
LONGBOAT KEY FL 34228

Mailing Address

4340 FALMOUTH DRIVE APT. D-204
LONGBOAT KEY FL 34228-2355

2. Principal Place of Business

803 EVERGREEN PL

Suite, Apt. #, etc.

LONGBOAT KEY, FL

City & State

3. Mailing Address

803 EVERGREEN PL

Suite, Apt. #, etc.

LONGBOAT KEY, FL

City & State

Zip

34228

Country

USA
Florida

Zip

34228

Country

Florida

4. FEI Number

15-0944705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, CHRISTOPHER E
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
IMRICH DCOLA
803 EVERGREEN PL
LONGBOAT KEY, FL 34228

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ 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)(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:

Imrich Dcola IMRICH DCOLA 04-23-00 941-3830450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)