

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000082230**

1. Entity Name

**HAMDAN DISTRIBUTION, INC.****FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90008 024 \*\*\*150.00

Principal Place of Business

Mailing Address

**8609 SUNNY HOLLOW LANE**  
**ORLANDO FL 32819****8609 SUNNY HOLLOW LANE**  
**ORLANDO FL 32819-4119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3601982**

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVE.**  
**CORAL GABLES FL 33134**

Name

**HUSSEIN HAMDAN**

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

**8609 SUNNY HOLLOW LANE**

City

**ORLANDO**

FL

Zip Code

**32819**

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

**2/26/2000**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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete**PSTD**  
**HAMDAN, HUSSEIN**  
**8609 SUNNY HOLLOW LANE**  
**ORLANDO FL 32819**TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/26/2000**

Daytime Phone #

**407-443-7100**

CR2E034 (9/99)