

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90019 021 \*\*\*150.00

DOCUMENT # P99000085807

1. Entity Name

HANSA TRADING COMPANY, INC.

Principal Place of Business

5100 N. ARMENIA AVE.  
TAMPA FL 33603

Mailing Address

5100 N. ARMENIA AVE.  
TAMPA FL 33603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3601241

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

MONAKEY, SAMINA H  
6104 RAIN BRIAR CT.  
TAMPA FL 33617

Name

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

11839 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code  
32223

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

*Samina H Monakey*  
Signature, typed or printed name of registered agent and title if applicable.

*SAMINA H. MONAKEY*  
(NOTE: Registered Agent signature required when reinstating)

*4/2/01*  
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, 2001 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  
NAME **P**  
STREET ADDRESS **HUSSAIN, HANSA S**  
CITY-ST-ZIP **5100 N ARMENIA  
TAMPA FL 33603**

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

TITLE ☐ Delete  
NAME **CFO**  
STREET ADDRESS **MONAKEY, SAMINA**  
CITY-ST-ZIP **6104 RAIN BRIAR CT  
TAMPA FL 33617**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11839 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

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

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:

*Samina H Monakey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/01*  
Date

*904 282 2661*  
Daytime Phone #

CR2E034 (10/00)