

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90121 049 ***150.00

DOCUMENT # S40309

1. Entity Name

H & S REALTY & PROPERTY INC.

Principal Place of Business

Mailing Address

P O BOX 273941
 TAMPA FL 33688

P O BOX 273941
 TAMPA FL 33688-3941

2. Principal Place of Business

5912 E. BROADWAY AVE.

3. Mailing Address

5912 E. BROADWAY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3049027

Applied For

Not Applicable

Zip

33 619

Country

U.S.A

Zip

33 619

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHANNAD, HAMID
16218 FANTASIA DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **GHANNAD HAMID**
 Street Address (P.O. Box Number is Not Acceptable) **14021 SHADY SHORES DR.**
 City **TAMPA** FL Zip Code **33 613**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GHANNAD, HAMID	16218 FANTASIA DR	TAMPA FL	<input type="checkbox"/>
D	GHANNAD, SHAHNAZ	16218 FANTASIA DR	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GHANNAD HAMID	14021 SHADY SHORES DR.	TAMPA FL 33 613	<input type="checkbox"/>	<input type="checkbox"/>
D	GHANNAD SHAHNAZ	14021 SHADY SHORES DR.	TAMPA FL 33 613	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Hamid Ghannad* **4-18-00** **813-241-4610**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #