

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90055 045 \*\*\*150.00

DOCUMENT # F97000003686

1. Entity Name  
**TURBOANALYSIS INC.**

Principal Place of Business

Mailing Address

5310 SOUTH 32ND ST.  
 PHOENIX AZ 85040-3851

5310 SOUTH 32ND ST.  
 PHOENIX AZ 85040-3851

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

**86-0612752**

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

Name

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

City

**FL**

Zip Code

**KHAN, FATEH**  
**5450 NW 33RD AVE., STE. 111**  
**FT. LAUDERDALE FL 33309**

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	PD	<input type="checkbox"/> Delete
NAME	KHAN, ALI	
STREET ADDRESS	5310 S. 32ND ST.	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KHAN, GUL R	
STREET ADDRESS	5310 S. 32ND ST.	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KHAN, FATEH	
STREET ADDRESS	5450 NW 33RD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, THOMAS A	
STREET ADDRESS	5310 S. 32ND ST.	
CITY-ST-ZIP	PHOENIX AZ 85040	
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"/> 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

GUL R. KHAN

02/21/2000

Date

602-243-0757

Daytime Phone #

CR2E034 (9/99)