## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## H95366 **DOCUMENT #**

1. Entity Name



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90169 045 \*\*\*150.00

KHORSANDI ENTERPRISES, INC.						)				
Principal Pl 2638 NOBT KISSIMMEE US		Mailing Address PO BOX 691655 ORLANDO FL 32869 US			<u> </u>					
2. Principa	Place of Business	3. M	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				CHECK HERE	IE MAKING :	CHANGE	0	
City & State			City & State			4 FEI Number				
Zip	Country	Zip Cou			atry	59-2627509			lot Applicable	
	6 Name and Address of Course	,				Fee		ee Requii	<b>75</b> Additional Required	
*	6. Name and Address of Curren	t Hegister	ed Agent		Name	7. Name and Address of New Re	egistered Aç	jent		
KHORSANDI, BAHRAM B			Street A			(P.O. Box Number is Not Acceptable)				
	Y HILL BLVD				Oli Cot / Idal Coo (	(7.0. Box Number is Not Acceptable)	<u> </u>			
UKLAND	O FL 32819								_	
					City		FL	Zip Co		
the obliga	e named entity submits this statement f ations of registered agent.	or the purp	oose of changing its	registere	ed office or register	red agent, or both, in the State of Flor	ida. I am far	niliar with	, and accept	
SIGNATURE										
- OIGIVATOTIL	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOT	E: Registered	d Agent signature required	when reinstating)	DATE		<del></del>	
	FILE NOW!!! FEE IS \$150.00					0.51			<u>.</u>	
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department o	f State				<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>			00 May Be d to Fees	
10.	OFFICERS AND		I PRS	11.		ADDITIONS/CHANGES TO OFFIC	SERO AND D	IDEOTOR	0.41.	
TITLE	D		☐ Delete TIT			ADDITIONS/CHANGES TO OFFIC		THECTOR  ☐ Change	S IN 11	
NAME STREET ADDRESS	KHORSANDI, BAHRAM B. 8805 Bay Hill Blvd						_			
CITY-ST-ZIP	ORLANDO FL 32819				ET ADDRESS ST-ZIP	:SS				
TITLE	D		☐ Delete	TITLE				Change	☐ Addition	
name Street address	KHORSANDI, ARASH B			NAME	· I			_ onlinge	L_J Addition	
CITY-ST-ZIP	8805 BAY HILL BLVD ORLANDO FL 32819				T ADDRESS ST-ZIP					
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NAME	KHORSANDI, OMIDREZA B			NAME	l l		<u>_</u>	1 Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	8805 BAY HILL BLVD ORLANDO FL 32819				T ADDRESS ST-ZIP					
TITLE	S	<u>.</u>	☐ Delete	TITLE	01-211			1 0		
NAME	KHORSANDI, AREZOO B		□ Deleië	NAME			Ĺ	] Change	Addition	
STREET ADDRESS	8805 Bay Hill Blvd Orlando Fl 32819				T ADDRESS					
ITLE	ONEANDO 1 E 32813		☐ Delete	CITY-S	51-219	<u> </u>		1 01		
IAME			0000	NAME	,		_	] Change	Addition	
TREET ADDRESS					ADDRESS					
ITLE				CITY-S	ST-ZIP					
AME			☐ Delete	TITLE				Change	☐ Addition	
TREET ADDRESS					ADDRESS					
ITY-ST-ZIP	ertify that the information supplied with			CITY-S	T-ZIP					
7										

Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #