

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29335

1. Entity Name

AL-KHAZENDAR CORPORATION

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90078 032 ***150.00

Principal Place of Business

Mailing Address

7340 CENTRAL AVE.
ST PETERSBURG FL 33707
US

7340 CENTRAL AVE
ST PETERSBURG FL 33707-1119
US

2. Principal Place of Business

3. Mailing Address

1560 Gulf Blvd
804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33767

USA

4. FEI Number

59-2813931

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

KHAZENDAR, OSAMA
7340 CENTRAL AVE.
ST PETERSBURG FL 33707

Name

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

1560 Gulf Blvd # 804

City

Clearwater

FL

Zip Code

33767

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]
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	V	<input type="checkbox"/> Delete
NAME	KHAZENDAR, OSAMA	
STREET ADDRESS	1310 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KHAZENDAR, KHAJUL	
STREET ADDRESS	7340 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
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"/> 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	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13th Mar 2000

Date

(813) 877-6371

Daytime Phone #

CR2E034 (9/99)