

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90008 008 \*\*\*150.00

0504005 AV

**DOCUMENT # J87535**

1. Entity Name

**SULTAN ENTERPRISES, INC.**

Principal Place of Business

**9018 LIGON COURT  
FORT MYERS FL 33908**

Mailing Address

**3490 5TH AVE. SW  
GOLDEN GATE FL 34117  
US**

2. Principal Place of Business

**3621 9th ST. N**

3. Mailing Address

**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**AS ABOVE**

4. FEI Number

**59-2844747**

Applied For

☒ Not Applicable

Zip

**34104**

Country

**COLLIER**

Zip

**AS ABOVE**

Country

**AS ABOVE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SARWAR, SHAHID  
3490 5TH AVE. SW  
GOLDEN GATE FL 34117**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SULTAN, SHAHID	
STREET ADDRESS	3490 5TH AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SULTAN, BRENDA	
STREET ADDRESS	3490 5TH AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL 33919	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARWAR, SHAHID	
STREET ADDRESS	3490 5TH AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARWAR, BRENDA	
STREET ADDRESS	3490 5TH AVE SW	
CITY-ST-ZIP	GOLDEN GATE 33919	
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:

**SHAHID SARWAR**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02

Date

941-434-7599

Daytime Phone #

CR2E034 (9/01)