2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03213

1. Entity Name 🎎

THE BAVARIAN VILLAGE, INC.

changed, or on an attachment with

SIGNATURE:

Mailing Address Principal Place of Business 451 E ALTAMONTE DR #117 45! E ALTAMONTE DR #117 ALTAMONTE SPRINGS EL 32701 ALTAMONTE SPRINGS FL 32701-4601 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2728913 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GHALAYINI, KHALID A 169-A RIVERBEND DR. **ALTAMONTE SPRINGS FL 32714** Code 808 ity somits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Delete AHMAD A GHALAYINI NAME GHALAYINI, KHALID A 4907 SILYER DAKS VILLAGE STREET ADDRESS STREET ADDRESS 169-A RIVERBEND DR CITY-ST-ZIP CITY-ST-ZIP OR LANDO, FL 32808 ALTAMONTE SPRINGS FL 32714 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted in Block 11 or Block 12 if

FILED

Secretary of State

03-20-2000 90008 041 ***150.00

Mar 20, 2000 8:00 am