

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **K03213**

1. Entity Name
THE BAVARIAN VILLAGE, INC.

Principal Place of Business
451 E ALTAMONTE DR #117
ALTAMONTE SPRINGS FL 32701

Mailing Address
451 E ALTAMONTE DR #117
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business
451 E ALTAMONTE DR
Suite, Apt. #, etc.
1117

3. Mailing Address
451 E ALTAMONTE DR
Suite, Apt. #, etc.
1117

City & State
ALTAMONTE SPRINGS FL

City & State
ALTAMONTE SPRINGS FL

Zip
32701

Zip
32701

4. FEI Number
59-2728913

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GHALAYINI KHALID A
4907 SILVER OAKS VILLAGE
ORLANDO FL 32808 US

7. Name and Address of New Registered Agent

Name
GHALAYINI AHMAD A
Street Address (P.O. Box Number is Not Acceptable)
451 E ALTAMONTE DR
1117
City
ALTAMONTE SPRINGS FL Zip Code
32701

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 **AHMAD A GHALAYINI**

02/27/2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
GHALAYINI KHALID A
4907 SILVER OAKS VILLAGE
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GHALAYINI AHMAD A
451 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **AHMAD A GHALAYINI**

PRES 02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)