

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K03213

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: THE BAVARIAN VILLAGE, INC.

Current Principal Place of Business:

451 E ALTAMONTE DR
1117
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

451 E ALTAMONTE DR
1117
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2728913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHALAYINI, AHMAD A
451 E ALTAMONTE DR
1117
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GHALAYINI, AHMAD A
Address: 451 E ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GHALAYINI, AHMAD A
Address: 451 E ALTAMONTE DR #1117
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMAD A GHALAYINI

PRES

04/25/2002

Electronic Signature of Signing Officer or Director

_____ Date