

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90188 017 ***150.00

DOCUMENT # L12770

1. Entity Name
OKASH LTD., INC.

Principal Place of Business	Mailing Address
3000 NORTHDALE BLVD. MICHAEL G. OKASH 15722 Gardenside Ln TAMPA FL 33624 - 1841	3000 NORTHDALE BLVD. 15722 GARDENSIDE LANE TAMPA FL 33624-1841 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15722 Gardenside Ln.	3. Mailing Address 15722 Gardenside Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33624	Zip 33624
Country USA	Country USA

4. FEI Number 59-2972305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OKASH, MICHAEL G.
15722 GARDENSIDE LANE
TAMPA FL 33624

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	
TITLE PDT	<input type="checkbox"/> Delete
NAME OKASH, MICHAEL G.	
STREET ADDRESS 15722 GARDENSIDE LANE	
CITY-ST-ZIP TAMPA FL	
TITLE SDV	<input type="checkbox"/> Delete
NAME OKASH, KATHERINE A.	
STREET ADDRESS 15722 GARDENSIDE LANE	
CITY-ST-ZIP TAMPA FL	
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	<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 I am empowered.

SIGNATURE: Michael G. Okash **MICHAEL G. OKASH** 2/1/2000 813-265-8566
 Signature and typed or printed name of signing officer or director Date Daytime Phone #