

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91172 014 ***150.00

DOCUMENT # L79715

1. Entity Name

MAHA TRAVEL INTERNATIONAL, INC.

Principal Place of Business

**2701 ROCKY POINT DRIVE, SUITE 170
TAMPA FL 33607**

Mailing Address

**2701 ROCKY POINT DRIVE, SUITE 170
TAMPA FL 33607**

2. Principal Place of Business

MAHA TRAVEL INTL. INC.

Suite, Apt. #, etc.
14812 DARTMOOR DR.

City & State
TAMPA FL 33624

Zip Country

3. Mailing Address

14812 DARTMOOR DR.

Suite, Apt. #, etc.
TAMPA, FL

City & State

Zip Country
33624 Hills.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3012830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AJLANI, ABDUL
14812 DARTMOOR 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2002

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 | DPC | <input type="checkbox"/> Delete |
| NAME | AJLANI, MAHA, D | |
| STREET ADDRESS | 14812 DARTMOOR LANE | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | AJLANI, ABDUL | |
| STREET ADDRESS | 14812 DARTMOOR LANE | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| 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 | |
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| 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2002

Date

Daytime Phone #

CR2E034 (9/01)