

# 2000 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90014 027 \*\*\*158.75

DOCUMENT # **L-84855**  
 1. Entity Name  
**K.R. KHUDA, INC**

Principal Place of Business  
**3501 QUADRANGLE BLVD ST# 195 ORLANDO, FL-32817**  
 Mailing Address  
**2250 WESTBOURNE DR OVIEDO, FL-32765**

**00059589**

2. Principal Place of Business  
**3501 QUADRANGLE BLVD**  
 Suite, Apt. #, etc.  
**195**  
 City & State  
**ORLANDO**  
 Zip  
**32817** Country  
**USA**

3. Mailing Address  
**2250 WESTBOURNE DR, OVIEDO FL-32765**  
 Suite, Apt. #, etc.  
**8**  
 City & State  
**OVIEDO**  
 Zip  
**32765** Country  
**USA**

4. FEI Number  
**59-3017702**  
 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

## 7. Name and Address of New Registered Agent

Name  
**KHALED R. KHUDA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2250 WESTBOURNE DR**  
 City  
**OVIEDO** FL Zip Code  
**32765**

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]** DATE **5/20/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  
**PRESIDENT**  
**TARIK H. CHOUDHURY** ☒ Delete  
 STREET ADDRESS  
**2959 ACAPAYA TR**  
 CITY-ST-ZIP  
**OVIEDO, FL-32765** ☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
**P, S, T** ☒ Change ☐ Addition  
**KHALED R. KHUDA**  
 STREET ADDRESS  
**2250 WESTBOURNE DR, OVIEDO FL-32765**  
 CITY-ST-ZIP  
 TITLE  
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 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]** DATE **5/20/00** DAYTIME PHONE # **(407) 493-7334**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRF034 (9/99)