

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90114 005 ***150.00

DOCUMENT # L87809

1. Entity Name
KHANMO, INC.

Principal Place of Business
3551 NE 5TH AVE
FT LAUDERDALE FL 33334

Mailing Address
3551 NE 5TH AVE
FT LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0219423

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHAMED, YUSSUF
3551 NE 5TH AVE
FT LAUDERDALE FL 33334

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **CMPT MOHAMED, YUSSUF** ☐ Delete
 STREET ADDRESS **19355 NE 10TH AVE 501**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **CMP** ☒ Change ☐ Addition
 NAME **YUSSUF MOHAMED**
 STREET ADDRESS **19355 NE 10 AVE, 501**
 CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

TITLE
 NAME **DVS WILLIAMS, ROY L.** ☐ Delete
 STREET ADDRESS **10030 NW 37TH STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROY L. WILLIAMS**
 STREET ADDRESS **10030 NW 37 STREET**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE
 NAME **D INDRA MOHAMED** ☐ Delete
 STREET ADDRESS **19355 NE 10 AVE 501**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **INDRA MOHAMED**
 STREET ADDRESS **19355 NE 10 AVE, 501**
 CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

TITLE
 NAME **D WILLIAMS, GLORIA N.** ☐ Delete
 STREET ADDRESS **10030 NW 37TH ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition
 NAME **MICHAEL K. REID**
 STREET ADDRESS **11399 WHISPER SOUND DRIVE**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **LISA A. REID**
 STREET ADDRESS **11399 WHISPER SOUND DRIVE**
 CITY-ST-ZIP **BOCA RATON, FL 33428**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN OF THE BOARD OF DIRECTORS (305) 4/24/02 653 6348

Date Daytime Phone #

CR2E034 (9/01)