

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90194 028 ***150.00

DOCUMENT # P00000032346

1. Entity Name
KHANS ENTERPRISES OF ORLANDO, INC.



Principal Place of Business
1800 S.W. 135TH ST.
OCALA FL 34473
Winter Garden One Stop
14580 W. Colonial Dr.
Winter Garden, FL 34787

Mailing Address
1800 S.W. 135TH ST.
OCALA FL 34473
Winter Garden One Stop
14580 W. Colonial Dr.
Winter Garden, FL 34787



2. Principal Place of Business
WINTER GARDEN

3. Mailing Address
AS ABOVE

☐ CHECK HERE IF MAKING CHANGES

City & State **WINTER GARDEN**

City & State **WINTER GARDEN**

4. FEI Number **59-3636980**

Applied For
☐ **Not Applicable**

Zip **34787** **Country** **Orange**

Zip **34787** **Country** **Orange**

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

KHAN, SADRUDDIN
1800 S.W. 135TH ST.
OCALA FL 34473

Winter Garden One Stop
14580 W. Colonial Dr.
Winter Garden, FL 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SADRUDDIN KHAN** **01-20-03**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00!
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KHAN, SADRUDDIN	
STREET ADDRESS	1800 S.W. 135TH ST.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KHAN, NAUSHAD	
STREET ADDRESS	1800 S.W. 135TH ST.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	T	<input type="checkbox"/> Delete
NAME	KHAN, NEELOFAR	
STREET ADDRESS	1800 S.W. 135TH ST.	
CITY-ST-ZIP	OCALA FL 34473	
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		

TITLE	KHAN, SADRUDDIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winter Garden One Stop	
STREET ADDRESS	14580 W. Colonial Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	KHAN, SADRUDDIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winter Garden One Stop	
STREET ADDRESS	14580 W. Colonial Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	KHAN, SADRUDDIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winter Garden One Stop	
STREET ADDRESS	14580 W. Colonial Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SADRUDDIN KHAN** **01-20-03** **407-656-8169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)