

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90241 010 ***150.00

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DOCUMENT # P00000043817

1. Entity Name
NKH, INCORPORATED



Principal Place of Business
**326 WEST OAK STREET
KISSIMMEE FL 34741**

Mailing Address
**3158 TIMUCUA CIR.
ORLANDO FL 32837**



2. Principal Place of Business

3. Mailing Address

326 W. OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

KISSIMMEE-FL

4. FEI Number

59-3651054

Applied For

Not Applicable

Zip

Country

Zip

Country

34741

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

**MAHMOOD, ZAREESH
3158 TIMUCUA CIR.
ORLANDO FL 32837**

Name **SYED JAMALUDDIN**

Street Address (P.O. Box Number is Not Acceptable)

3158 TIMUCUA CIRCLE

City **ORLANDO**

FL

Zip Code

32837

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 **SYED JAMALUDDIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JAMALUDDIN, SYED M**
STREET ADDRESS **3158 TIMUCUA CIR.**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE SYED JAMALUDDIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)