

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90195 020 \*\*\*550.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061001

1. Entity Name

KIRAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8811 SOUTHLAND ORCHARD RD.  
DAVIE FL 333288811 SOUTHLAND ORCHARD RD.  
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-112-9819

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

KHAN, MOHAMMED D  
1 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

Name: MOHAMMED D. KHAN

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

1395 W. SUN RISE BLVD.

City Ft Lauderdale

FL

Zip Code  
33311

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

6/23/2001

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 MOHAMMED D KHAN ☐ Delete  
 STREET ADDRESS 8811 SOUTHERN ORCHARD RD  
 CITY-ST-ZIP DAVIE FL- 33328

TITLE NAME SALMA KHAN V.P.D. ☐ Delete  
 STREET ADDRESS 8811 SOUTHERN ORCHARD RD  
 CITY-ST-ZIP DAVIE FL- 33328.

TITLE NAME Secretary D ☐ Delete  
 STREET ADDRESS RUBINA BEGUM  
 CITY-ST-ZIP 1140 NE 9TH AVE #16  
 FT LAUDERDALE FL- 33304

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-23/2001 - 954-964130

CR2E034 (10/00)