

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90503 004 \*\*\*150.00

**DOCUMENT # P00000061001**

1. Entity Name

**KIRAN ASSOCIATES, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1129819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KHAN, MOHAMMED D  
 1395 W. SUN RISE BLVD  
 POMFANO BEACH FL 33062**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **KHAN, MOHAMMED D**  
 CITY-ST-ZIP **8811 SOUTHLAND ORCHARD RD.  
 DAVIE FL 33328**

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **KHAN, SALMA**  
 CITY-ST-ZIP **8811 SOUTHLAND ORCHARD RD.  
 DAVIE FL 33328**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **BEGUM, RUBIN A**  
 CITY-ST-ZIP **1140 N.E. 9TH AVE., #16  
 FORT LAUDERDALE FL 33304**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/11/2002**


Date

Daytime Phone #

CR2E034 (9/01)

Attachment

200000061001  
118247

FOR <u>DIV. OF CORP.</u>		<b>Urgent</b> <input type="checkbox"/>	
DATE <u>6/17/02</u>		TIME _____ A.M. P.M.	
<b>While You Were Out</b>			
M. _____			
OF _____			
PHONE _____			
AREA CODE		NUMBER	EXTENSION
TELEPHONED	<input type="checkbox"/>	PLEASE CALL	<input type="checkbox"/>
CAME TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	WANTS TO SEE YOU	<input type="checkbox"/>
MESSAGE <u>The Nummie 2</u>			
<u>Written amount corrected.</u>			
<u>Ref. 000000 01001</u>			
<u>Thank you.</u>			
<u>Kiran Associates</u>			
<u>[Signature]</u>			
SIGNED		 9711	