2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000114562



FILED Feb 19, 2003 8:00 am Secretary of State

1. Entity Name KHAN GUL, INC.						02-19-2003 90021 003 ***150.00			
2205 WEST NORVELL BRYANT HWY 220			Mailing Address 2205 WEST NORVELL BRYANT HWY LECANTO FL 34416			4 /98 /1881 2:1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1 88 /1			
2. Principal	Place of Busi	ness	3. Mailing Address	Mailing Address					
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & State		4. FEI	Number 65-1060862		Applied For Not Applicable	
Zip		Country	Zip	Country	5 . Cer	tificate of Status Desired	\$9.75 .	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
WECKESSER, RITA EA 10 N MELBOURNE ST BEVERLY HILLS FL 34465					Street Address (P.O. Box Number is Not Acceptable)				
				City		FL Zip Code			
i i ji Naziona ii	tions of regist	submits this statement for the ered agent.	e purpose of changing its	registered office or re	gistered agent,	or both, in the State of Florida.	am familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent and ti	tle if applicable. (NOTE:	: Registered Agent signature	equired when reinstal	ting) Di	ATE		
Afte	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of St	ate			Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	In	OFFICERS AND DIR		11,	ADDITI	ONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D SANAM, G 7873 NW 1 MIAMI FL 3	91 🗓	□ Delete	TITLE. NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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ITLE IAME TREET ADDRESS ITY-ST-ZIP	artify that the	oformation supplied with this is	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

I nereby 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

SIGNATURE:

(Ina)