


**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90094 003 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000086412</b>			
1. Entity Name <b>S. LAKHANI ENTERPRISES, INC.</b>			
Principal Place of Business <b>9401 WEST COLONIAL DR OCOE, FL 34761</b>		Mailing Address <b>9401 WEST COLONIAL DR OCOE, FL 34761</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3741786</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LAKHANI, RAMZAN 9401 WEST COLONIAL DR OCOE, FL 34761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 11, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAKHANI, RAMZAN 9401 WEST COLONIAL DR OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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 a new or like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/28/03 Date Daytime Phone #	

90138598



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

90138598

S. LAKHANI ENTERPRISES, INC.  
9401 West Colonial Drive  
Ocoee, FL 34761

May 28, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report  
Document # P01000086412

Ladies and Gentlemen:

Attached please find a completed UBR and check in the amount of \$150.00. Due to construction at our Shopping Center at the beginning of the year, I did not receive a lot of mail, including the UBR. Please waive the late fee as business has been very, very, bad.

Should you need any additional information, please do not hesitate to contact me.

Sincerely,

R. Lakhani

President