

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90115 042 \*\*\*150.00

0013752 AV

**DOCUMENT # P02000059140**

**1. Entity Name**  
**CENTRAL FLORIDA HOME EQUITY, INC.**



**Principal Place of Business**  
**910 S MILLS AVENUE**  
**ORLANDO FL 32806**

**Mailing Address**  
**910 S MILLS AVENUE**  
**ORLANDO FL 32806**

**2. Principal Place of Business**

**1001 N. LAKE DESTINY DR.**

**3. Mailing Address**

**1001 N. LAKE DESTINY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#125**

**#125**

City & State

City & State

**MAITLAND, FLORIDA**

**MAITLAND, FLORIDA**

Zip

Country

Zip

Country

**32751**

**USA**

**32751**

**USA**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION-SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

Name

**CENTRAL FLORIDA HOME EQUITY INC.**

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

**1001 N. LAKE DESTINY DR. #125**

City

**MAITLAND**

FL

Zip Code

**32751**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**SANJAY KHATRI**

**7/8/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>KHATRI, SANJAY</b>        |                                 |
| STREET ADDRESS | <b>910 S MILLS AVENUE</b>    |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>      |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>SONDI, SHAHRAM</b>        |                                 |
| STREET ADDRESS | <b>2518 ELIZABETH AVENUE</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32804</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>KHATRI, SANJAY</b>        |  |
| STREET ADDRESS | <b>1475 BERKSHIRE AVE.</b>   |  |
| CITY-ST-ZIP    | <b>WINTER PARK, FL 32789</b> |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 information.**

**SIGNATURE:**

**SANJAY KHATRI**

**7/8/03**

**407-660-2220**

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)