

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-27-2003 90310 013 ***150.00

DOCUMENT # P02000063706

1. Entity Name-

MINHAS & SON MANAGEMENT INCORPORATED



Principal Place of Business

**8601 KNOTTINGHAM DR
KISSIMMEE FL 34747**

Mailing Address

**8601 KNOTTINGHAM DR
KISSIMMEE FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

320017411

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINHAS, M, NADEEM
8601 KNOTTINGHAM DR
KISSIMMEE FL 34747**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MINHAS, M, NADEEM	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	V	<input type="checkbox"/> Delete
NAME	MINHAS, HUMIRA	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINHAS, FATIMA	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINHAS, MARIYUM	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINHAS, KHADIJA	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINHAS, MOHAMMAD B	
STREET ADDRESS	8601 KNOTTINGHAM DR	
CITY-ST-ZIP	KISSIMMEE FL 34747	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

Daytime Phone

CR2E034 (10/02)