

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90349 040 ***150.00

0017129 AV

DOCUMENT # **P02000082436**

1. Entity Name
ASL JUBILEE SAFARI, INC.



Principal Place of Business
**12179 SO. APOPKA VINELAND ROAD #239
ORLANDO FL 32836**

Mailing Address
**12179 SO. APOPKA VINELAND ROAD #239
ORLANDO FL 32836**

2. Principal Place of Business
9867 NOKAY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
9867 NOKAY DRIVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FLORIDA
Zip Country
32836 U.S.A.

City & State
ORLANDO FLORIDA
Zip Country
32836 U.S.A.

4. FEI Number
50-0004461

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAKHANI, ADIL S
12179 SO. APOPKA VINELAND ROAD #239
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name
N/A
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 9th 2003

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	P	<input type="checkbox"/> Delete
NAME	LAKHANI, ADIL S	
STREET ADDRESS	12179 SO. APOPKA VINELAND ROAD #239	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 9th 2003

CR2E034 (4/03)

Attachment

90142761

#P02000002436

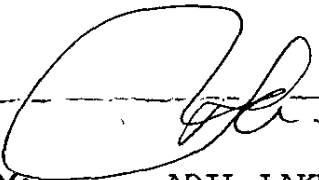
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Date: JULY 9, 2003

RE: ASL JUBILEE SAFARI, INC.
9867 NOKAY DRIVE
ORLANDO, FL 32836
FEI NUMBER 50-0004461.

A "SECOND NOTICE" OF THE CORPORATION ANNUAL REPORT FOR 2003 WAS RECEIVED. HOWEVER, WE DID NOT RECEIVE THE FIRST NOTICE.

WE ARE ENCLOSING \$150.00 FOR THE ANNUAL CORPORATION FEE.



FROM: ADIL LAKHANI, PRES.
ASL JUBILEE SAFARI, INC.
9867 NOKAY DRIVE
ORLANDO, FL 32836
407-876-3727