

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085476

1. Entity Name
SUKHWINDER & SONS INT'L, INC.



APPROVED
AND
FILED

03 MAY -1 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

Mailing Address
266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

75-3097912

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGH, SUKHWINDER
266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SINGH, SUKHWINDER
266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300018023773
05/05/03--01115--002 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
KAUR, RAJWINDER
266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 FEB. 2003 1-07-263-3000

Date

Daytime Phone