

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087453

1. Entity Name

AFGHANI INTERNATIONAL CORPORATION

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90043 022 \*\*\*150.00

Principal Place of Business  
835 DR. MARY M. BETHUNE BLVD.  
DAYTONA BEACH FL 32114  
US

Mailing Address  
5895 AIRPORT RD  
PORT ORANGE FL 32127-0926  
US

2. Principal Place of Business  
5955 MARVILLE CIR  
Suite, Apt. #, etc.

3. Mailing Address  
5955 MARVILLE CIR  
Suite, Apt. #, etc.

City & State  
PORT ORANGE FL

City & State  
PORT ORANGE FL

Zip  
32127

Country  
VOLUSIA

Zip  
32127

Country  
VOLUSIA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3214989

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AFGHANI, ALIK  
5895 AIRPORT RD  
PORT ORANGE FL 32124

7. Name and Address of New Registered Agent  
Name ALIK AFGHANI  
Street Address (P.O. Box Number is Not Acceptable) 5955 MARVILLE CIR  
City PORT ORANGE FL Zip Code 32127

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:

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AFGHANI, ALIK 5895 AIRPORT RD PORT ORANGE FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALIK AFGHANI 5955 MARVILLE CIR PORT ORANGE FL 32127 <input checked="" 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4-7-2000 DAYTIME PHONE: 904-761-9514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)