2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000082

1. Entity Name: JAHAN IMPORTS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90052 019 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2682 OVERLAND RD UNIT #1 APOPKA, FL 32703-9434

Mailing Address:

2. Principal Place of Business		3. Mailing Address	
Same		C/O 507 SAN SEBASTIAN PRADO	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State: ALTAMONTE SPRINGS, FL.	
Zip	Country	Zip: 32714	Country: SEMINOLE

4. FEI Number: 59-3241236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: DON McCRUM, SR.
Street Address (P.O. Box Number is Not Acceptable): C/O BUSINESS ENTERPRISES 507 SAN SEBASTIAN PRADO
City: ALTAMONTE SPRINGS FL Zip Code: 32714

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: DON P. McCRUM, SR [signature]
Signature, typed or printed name of registered agent and title if applicable (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	HOSHYAR KHOSHESPERAM ☐ Delete 1149 DUNCAN DRIVE (VICE PRES) WINTER SPRINGS FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAVAD KHOSESPERAM ☐ Delete 1149 DUNCAN DRIVE (PRES) WINTER SPRINGS FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: X [signature] 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date