

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91889 044 ***150.00

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

DOCUMENT # P94000059263

1. Entity Name
PREMIER RESTAURANT, INC.



Principal Place of Business
5825 W HIGHWAY, #192
KISSIMMEE, FL 34746

Mailing Address
5825 W HIGHWAY, #192
KISSIMMEE, FL 34746

11040507

2. Principal Place of Business

3. Mailing Address

6458 INTERNATIONAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Orlando FL

4. FEI Number

59-3270335

Applied For

☐ Not Applicable

Zip

Country

Zip

32819

Country

USA

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

6. Name and Address of Current Registered Agent

PORTLOCK, DAVID R
7345 SAND LAKE RD 412
ORLANDO, FL 32819

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's signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 7, 2003 fee will be \$250.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KHANANI, M SALEEM
6276 INDIAN MEADOW
ORLANDO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
KHANANI, M OWAIS
6276 INDIAN MEADOW
ORLANDO, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KHANANI, KHURSHID
6276 INDIAN MEADOW
ORLANDO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
KHANANI, HANI
6276 INDIAN MEADOW
ORLANDO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03

407 352-6780

CR2E034 (10/02)