2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90123 012 ***150.00

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DOCUMENT # P94000088590

1. Entity Name
KHUSHAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2601 MCCOY ROAD ORLANDO FL 32809	2601 MCCOY ROAD ORLANDO FL 32809

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
228 WEST MAIN STREET		235 SOUTH WYMORE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA, FLORIDA 32703		City & State: ALTAMONTE SPRINGS, FL	
Zip: 32703	Country: USA.	Zip: 32714	Country: USA

4. FEI Number 59-3284494 ☐ 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
KHUSHAL, ALPESH 2601 MCCOY ROAD ORLANDO FL 32809	Name: ALPESH KHUSHAL. Street Address (P.O. Box Number is Not Acceptable) 235 SOUTH WYMORE ROAD 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] ALPESH N. KHUSHAL, PRESIDENT 4/20/03.
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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHUSHAL, ALPESH N. 2601 MCCOY RD ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 235 SOUTH WYMORE ROAD ALTAMONTE SPRINGS, FL 32714.
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 REQUIRED [signature] 4/20/03 407/862-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)