## **2003 FOR PROFIT CORPORATION**

P95000063272

Mailing Address

5121 WILLOW POND ROAD WEST

WEST PALM BEACH FL 33417

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

**DOCUMENT #** 

Principal Place of Business

WEST PALM BEACH FL 33417

5121 WILLOW POND ROAD WEST

K.N.Z. OF PALM BEACHES, INC.



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

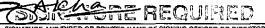
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|---|---------------------------|-----------------------------|-------------------|---------------------|---------------|--|------------------|--|---|-----------------------------|--|
|   | Place of Business         | 0                           |                   | ing Address         |               |  |                  | T INNESONE LIN ENINE NESSE NOSSE NASSE NASSE | ######################################            | #11 4# <b>#19</b> 14## 4##9 |  |
|   | HURCHILL                  | CIRCLE                      | 10                | <u>9 CHURCH</u>     | 1166          | CIRCU  | =                |  |   |                             |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                               |                           |                             |                   |                     |               |  |                  | ☐ CHECK HERE IF MAKING CHANGES               |   |                             |  |
| City & State City & State   |                           |                             |                   |                     |               | <del></del>  | 4. f             | FEI Number OF OCCOOPE                        |   | Applied For                 |  |
| ROYAL PAIM BEACH  |                           |                             |                   | ROYAL PALM BEACH    |               |  |                  | 65-0608055                                   |   | Not Applicable              |  |
| Zip -   | CIDA 334/4                | untry<br>USA                | Zip<br>FL         | - 33414             | Cour          | ntry<br>U.S.A                                      | 5. (             | Certificate of Status Desired                | <b>\$8.75</b> Fee Requ                            | Additional<br>uired         |  |
|   |                           | Address of Current          | Registere         | d Agent             |               |  | 7. N             | Name and Address of New Registered           | Agent   |                             |  |
|   |                           |                             |                   |                     |               | Name   |                  |  | _   |                             |  |
| KHAN, ZAKI A  |                           |                             |                   |                     |               | Chart Address (DO Boy Number in Net Acceptable)    |                  |  |   |                             |  |
| 5121 WILLOW POND ROAD WEST  |                           |                             |                   |                     |               | Street Address (P.O. Box Number is Not Acceptable) |                  |  |   |                             |  |
|   | LM BEACH FL 3             |                             |                   |                     |               |  |                  |  |   |                             |  |
| WEOTTA  |                           | 2411                        |                   |                     |               |  |                  |  | -1  |                             |  |
|   |                           |                             |                   |                     |               | City   |                  | FL   | Zip C   | vode .                      |  |
| 8. The above  | named entity sub          | nits this statement for     | or the purpo      | ose of changing its | register      | ed office or re                                    | egistered age    | ent, or both, in the State of Florida. I am  | familiar w  | ith, and accept             |  |
| the obligat   | tions of registered       | agent.                      |                   |                     | •             |  | •                |  |   | ·                           |  |
|   |                           |                             |                   |                     |               |  |                  |  |   |                             |  |
| SIGNATURE   | Signature, typed or print | ed name of registered ageni | and title if appl | licable. (NOT       | E: Registere  | ed Agent signature                                 | required when re | einstating) DATE                             |   |                             |  |
|   | UE NOWIU EE               | E IC 6150 00                | 1                 |                     |               | ***  |                  |  |   |                             |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00 |                           |                             |                   |                     |               |  |                  | 9. Election Campaign Financing               | _ \$£   | 5.00 May Be                 |  |
| Make Check Payable to Florida Department of State                     |                           |                             |                   |                     |               |  |                  | Trust Fund Contribution.                     | _] Ad   | lded to Fees                |  |
| 10.   |                           | OFFICERS AND                |                   | DC                  | 11.           |  | AD.              | L<br>DDITIONS/CHANGES TO OFFICERS ANI        | DIBECT  | ODS IN 11                   |  |
|   | D                         | OFFICERS AND                | DINECTO           |                     | _             |  |                  | DOTTONS/CHANGES TO OFFICERS AN               | Chang   | _                           |  |
| NAME .  | KHAN, ZAKI A              |                             |                   | ☐ Delete            | ` ⊤i⊺L<br>NAM |  |                  |  | L Chang   | Ac Modition                 |  |
|   |                           | OND ROAD WES                | eT.               |                     |               | EET ADDRESS  |                  |  |   | İ                           |  |
| CITY-ST-ZIP   | WEST PALM BE              |                             | <b>,</b> '        |                     |               | r-ST-ZIP   |                  |  |   |                             |  |
| TITLE   |                           | 3101772 00111               | T                 | ☐ Delete            | TITL          |  |                  |  | Chang   | ge 🔲 Addition               |  |
| NAME ,  | Į.                        |                             |                   | □ Detete            | NAM           |  |                  |  | □ снан  | e Nontroll                  |  |
| STREET ADDRESS  | 1                         |                             |                   |                     |               | EET ADDRESS  |                  |  |   | ľ                           |  |
| CITY-ST-ZIP   |                           |                             |                   |                     |               | r-ST-ZIP   |                  |  |   |                             |  |
|   | <del> </del>              |                             |                   | Delete              | TITL          | ·  | <b></b>          |  | ☐ Chanc   | ge 🔲 Addition               |  |
| TITLE<br>NAME   |                           |                             |                   | □ Delete            | NAM           |  |                  |  | ☐ Outil   | ge [_] Addition             |  |
| STREET ADDRESS  |                           |                             |                   |                     |               | EET ADDRESS  |                  |  |   |                             |  |
| CITY-ST-ZIP   |                           |                             |                   |                     |               | (-ST-ZIP   |                  |  |   |                             |  |
| TITLE   | <del>}</del>              |                             |                   | ☐ Delete            | TITL          | <u> </u>   | ·                |  | ☐ Chang   | ge 🔲 Addition               |  |
| NAME  |                           |                             |                   | ☐ Detete            | NAM           |  |                  |  |   | je Addition                 |  |
| STREET ADDRESS  |                           |                             |                   |                     |               | EET ADDRESS  |                  |  |   |                             |  |
| CITYST-ZIP  | t                         | -                           |                   |                     | CITY          | /-\$T-ZIP  |                  |  |   |                             |  |
| TITLE   |                           |                             |                   | ☐ Delete            | TITL          |  |                  |  | ☐ Chang   | ge 🔲 Addition               |  |
| NAME  |                           |                             |                   | - Délete            | NAM           |  |                  |  |   | ,                           |  |
| STREET ADDRESS  | <b>\</b>                  |                             |                   |                     |               | EET ADDRESS  |                  |  |   |                             |  |
| CITY-ST-ZIP   |                           |                             |                   |                     |               | r-ST-ZIP   |                  |  |   |                             |  |
| TITLE   | <del></del>               |                             | <del></del>       | ☐ Delete            | TITL          | <u> </u>   |                  |  | ☐ Chang   | ge                          |  |
| NAME  | ]                         |                             |                   | DOIGE               | NAM           |  |                  |  |   |                             |  |
| STREET ADDRESS  | 1                         |                             |                   |                     |               | EET ADDRESS  |                  |  |   |                             |  |
|   | i                         |                             |                   |                     |               |  |                  |  |   | J                           |  |

12. I hereby certify that the information supplied with this filling 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:



4-28-03