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

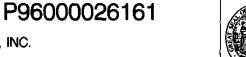
05-05-2003 91390 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

MAKHANI ENTERPRISES, INC.

1. Entity Name



Principal Place of Business 6313 MIRAMAR PKWY #120 MIRAMAR FL 33023 US		6313 MIR #120	MIRAMAR FL 33023								
2. Principal Place of Business		3. Mailing	3. Mailing Address							BIHBI IXBI XBBI	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & S	City & State			4. FEI Number 65-0655172			1	plied For ot Applicable	
Zip	Country	Zip		Coun	5. Certificate of Status		tificate of Status Desire	ed S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered A				7. Name and Address of New Registered Agent					
			Name			-					
Makhani	, akbar		Street Add			ss (P.O. Box Number is Not Acceptable)					
6313 MIR/	AMAR PARKWAY		Sileet Address			(i .O. box-i	Number is 140t Accepta	(DIC) .			
MIRAMAR	FL 33023						· · · · · · · · · · · · · · · · ·				
4.					City			FL	L Zip Code	i e	
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 signature required when reinstating) DATE											
	H F MONUM FEE 10 0450 00										
After	ILE NOW!!! FEE IS \$150.00 • May 1, 2003 Fee will be \$550.00 • Payable to Florida Department o	of State	State				Election Campaign Trust Fund Contribution			0 May Be I to Fees	
10,	OFFICERS AND	DIRECTORS	 	11.		ADDIT	TIONS/CHANGES TO C	OFFICERS AN	D DIRECTORS	S IN 11	
TITLE	P		Delete	TITLE					☐ Change	Addition	
NAME	Makhani, akber		C D0000	NAMI							
STREET ADDRESS	6313 MIRAMAR PARKWAY			STRE	ET ADDRESS						
CITY-ST-ZIP	MIRAMAR FL 33023			CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME	1			NAME	E						
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE	•		☐ Delete	TITLE	:				Change	Addition	
NAME				NAME	- I						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP			_ _		-ST-ZIP						
TITLE			Delete	TITLE					Change	☐ Addition	
NAME				NAME	J						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					ŀ	
	<u> </u>			_						F7 4400000	
TITLE NAME			☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME ·				NAME	l				_ ,		
STREET ADDRESS				STREE	et address					ĺ	
CITY-ST-ZIP	·			CITY-	-ST-ZIP]	
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 the proposered.											

SIGNATURE:

SIGNATURE A

اللا كا لا الا تعاليما SIGNING OFFICER OR DIRECTOR

Daytime Phone #