

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90822 014 ***150.00

0064858 SP

DOCUMENT # P96000035748

1. Entity Name

ALKOWNI-KHAN, INC.

Principal Place of Business

**5463 W HWY 192
 KISSIMMEE FL 34746**

Mailing Address

**5463 W HWY 192
 KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3377962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELKOWNI, BASSAM

**5481 W. IRLW BRONSON HIGHWAY
 KISSIMMEE FL 34746**

Name

ALKOWNI, BASSAM

Street Address (P.O. Box Number is Not Acceptable)

5481 W. IRLW BRONSON HWY

City

KISSIMMEE

FL

Zip Code

34746

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

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, 2002 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

TITLE **DVP** ☐ Delete
 NAME **ALKOWNI, BASSAM**
 STREET ADDRESS **7524 SEURA D STREET # 301**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SD** ☐ Delete
 NAME **KHUN, PATRICIA**
 STREET ADDRESS **13710 CALLE TACUPA**
 CITY-ST-ZIP **SARATOGA CA**

TITLE **PD** ☒ Delete
 NAME **ALKOWNI, OSAMA**
 STREET ADDRESS **6624 MISSION CLUB BLVD., #209**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ALKOWNI, BASSAM**
 STREET ADDRESS **10436 SPARKLE CT.**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☒ Change ☐ Addition
 NAME **SD KHAN, PATRICIA**
 STREET ADDRESS **13710 CALLE TACUPA**
 CITY-ST-ZIP **SARATOGA, CA**

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

TITLE **DVP/TREAS.** ☐ Change ☒ Addition
 NAME **HASEENA KHAN**
 STREET ADDRESS **10436 SPARKLE CT.**
 CITY-ST-ZIP **ORLANDO FL 32836**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BASSAM ALKOWNI

3/17/02

407-

396-7272

Date

Daytime Phone #

CR2E034 (9/01)