2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am DOCUMENT # **P96000059189** Secretary of State KISWANI ENTERPRISES, INC. 04-02-2001 90310 044 ***150.00 Principal Place of Business Mailing Address 12928 SUMMIT RIDGE TER. 12928 SUMMIT RIDGE TER. **GERMANTOWN MD 20874** GERMANTOWN MD 20874 640457 2. Principal Place of Business 3. Mailing Address 305 Ocean Marina 305 Ocean Marina Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3392096 Beach Flagier Not Applicable Country Flagler \$8:75-Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7: Name and Address of New Registered Agent O'CONNELL, W. HENRY Street Address (P.O. Box Number is Not Acceptable) 2200 N. PONCE DE LEON BLVD. SUITÉ 10 ST. AUGUSTINE FL 32084 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS TITLE Delete Change Addition Ashosi Nouridian ASHDJI, NOURIDJAN A TELEPO NAME 305 Ocean Marina STREET ADDRESS 12928 SUMMIT RIDGE TERRACE STREET ADDRESS Flagler Beach FL CITY-ST-ZIP CITY-ST-ZIP **GERMANTOWN MD 20874** TITLE ☐ Delete TITLE KISWani David NAME KISWANI, DAVID NAME 305 Ocean Marina Drive STREET ADDRESS 12928 SUMMIT RIDGE TERRACE STREET ADDRESS City-St-7IP Flagter Beach FL 32136 **GERMANTOWN MD 20874** CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.