

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90086 026 \*\*\*150.00

**DOCUMENT # P96000059189**

1. Entity Name

**KISWANI ENTERPRISES, INC.**

Principal Place of Business

**305 OCEAN MARINA DRIVE  
 FLAGLER BEACH FL 32136  
 US**

Mailing Address

**305 OCEAN MARINA DRIVE  
 FLAGLER BEACH FL 32136  
 US**

2. Principal Place of Business

**3900 Wimbledon Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**3900 Wimbledon Dr.**  
 Suite, Apt. #, etc.

City & State

**Lake Mary FL**

City & State

**Lake Mary FL**

4. FEI Number

**59-3392096**

Applied For

Not Applicable

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**O'CONNELL, W. HENRY  
 2200 N. PONCE DE LEON BLVD.  
 SUITE 10  
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **Ashdji Nouridjan**

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

**3900 Wimbledon Drive**

City

**Lake Mary**

FL

Zip Code

**32746**

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]*

**Regist. Agent: President.**

**4-3-02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ASHDJI, NOURIDJAN</b>	
STREET ADDRESS	<b>305 OCEAN MARINA DRIVE</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KISWANI, DAVID</b>	
STREET ADDRESS	<b>305 OCEAN MARINA DRIVE</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ashdji Nouridjan</b>	
STREET ADDRESS	<b>3900 Wimbledon Drive</b>	
CITY-ST-ZIP	<b>Lake Mary FL 32746</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kiswani David</b>	
STREET ADDRESS	<b>3900 Wimbledon Drive</b>	
CITY-ST-ZIP	<b>Lake Mary FL 32746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*[Signature]* **NOURIDJAN ASHDJI**

**4-3-02**

**407-383-3181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)