

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90074 009 ***150.00

DOCUMENT # P96000081275

1. Entity Name

GOWANI ENTERPRISES, INC.

Principal Place of Business

**7518 SUGAR BEND DRIVE
ORLANDO FL 32819**

Mailing Address

**7518 SUGAR BEND DRIVE
ORLANDO FL 32819**

2. Principal Place of Business

8001 S. O.B.T.

3. Mailing Address

8906 ELLIOTS CT.

Suite, Apt. #, etc.

894

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3414897

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****ALI, HAMID H
7518 SUGAR BEND DRIVE
ORLANDO FL 32819****7. Name and Address of New Registered Agent**

Name

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

8906 ELLIOTS CT.

City

ORLANDO**FL**

Zip Code

32836

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 **X**

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*** 4/26/01**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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GOWANI, NASIMA H	
STREET ADDRESS	7518 SUGAR BEND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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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		
STREET ADDRESS	8906 ELLIOTS CT.	
CITY-ST-ZIP	ORLANDO FL 32836	

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
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STREET ADDRESS		
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)