

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084408

1. Entity Name

SHIRIN-KYSS, INC.

FILED

00 JUL 19 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0529646

Principal Place of Business 116 WEST ORANGE STREET, #11 TAMONTE SPRINGS FL 32714	Mailing Address 3209 WHITE DOVE LN KISSIMMEE FL 34746-4646 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3407588	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DHANANI, KABIRUDDIN 3209 WHITE DOVE LANE KISSIMMEE FL 34746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE* NAME STREET ADDRESS CITY-ST-ZIP	PSTD DHANANI, KABIRUDDIN 3209 WHITE DOVE LN KISSIMMEE FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

TS

4-20-00

Attention:- Div. of Corporation

Regarding:- Uniform Business Report Filing ^{Annual}

Sir/madam

I had mailed all my 8 Corporation Renewal Form with fees chg \$150.00 on 4-20-00 for some reason I had received it back from post office with Return to Sender

So now I am sending it to you again ~~by~~ Certified mail with a Return Receipt. So please accept it Sorry about delay which was out of my controll.

Thanks a Million

Appricated yours
Corporation as follows.

① Shahzed Ent Inc

② Hana Inc

W. ~~W.~~ bin