

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90259 027 ***150.00

DOCUMENT # P97000005731

1. Entity Name

THE AMERICAN SARONG CO.



Principal Place of Business
14501 BRADDOCK OAK DRIVE
ORLANDO FL 32837-7479

Mailing Address
14501 BRADDOCK OAK DRIVE
ORLANDO FL 32837-7479
US

2. Principal Place of Business

8901 BOGGY CREEK RD.
Suite, Apt. #, etc.
SUITE 500
City & State
ORLANDO, FL
Zip
32824 Country
USA

3. Mailing Address

14501 BRADDOCK OAK DR.
Suite, Apt. #, etc.
City & State
ORLANDO, FL
Zip
32837 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3424575

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEHRA, MUKESH
3330 TIMUCUA CIRCLE
ORLANDO FL 32837-7479

7. Name and Address of New Registered Agent

Name MEHRA MUKESH

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

14501 Braddock oak DV

City ORLANDO

FL

Zip Code 32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 10, 03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PSTD
STREET ADDRESS MEHRA, MUKESH
CITY-ST-ZIP 2736 ROLLING BROOK DR
ORLANDO FL 32837-7479 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 10, 03. 407-251-1299

Date

Daytime Phone #

CR2E034 (10/02)