

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90022 016 \*\*\*150.00

769735

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000013942**

1. Entity Name  
**SUN STATE HOLDINGS, INC**

Principal Place of Business  
**3535 W. COLONIAL DR**  
**ORLANDO, FL. 32808**

2. Principal Place of Business  
**515 S. DILLARD ST.**

3. Mailing Address  
**7345 SANDLAKE RD.**

Suite, Apt. #, etc.  
**#412**

City & State  
**WINTER GARDEN, FL.**

City & State  
**ORLANDO, FL.**

Zip  
**34787**

Country  
**ORANGE**

Zip  
**32819**

Country  
**ORANGE**

4. FEI Number  
**59-3539131**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PALMER, HUGH**  
**1150 LOUISIANA AVENUE #5**  
**WINTER PARK, FL. 32789**

7. Name and Address of New Registered Agent  
**MUNIR RASOOL**  
**515 S. DILLARD ST.**  
**WINTER GARDEN FL 34787**

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 **M. C. Kaval** **MUNIR RASOOL** **5/1/01**

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR / PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OHRI, KUDIP</b>		NAME <b>MUNIR RASOOL</b>	
STREET ADDRESS <b>3535 W. COLONIAL DR</b>		STREET ADDRESS <b>515 S. DILLARD ST.</b>	
CITY-ST-ZIP <b>ORLANDO, FL. 32808</b>		CITY-ST-ZIP <b>WINTER GARDEN, FL. 34787</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **M. C. Kaval** **MUNIR RASOOL** **5/1/01** **407-654-3182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)