

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90131 008 ***150.00

DOCUMENT # P97000092664

1. Entity Name
H.J.K. KHAN'S, INC.

Principal Place of Business 13022 BRUCE B. DOWNS BLVD. TAMPA FL 33647	Mailing Address 9413 BELLHAVEN STREET TEMPLE TERRACE FL 33637-4964
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 19022 BRUCE B. DOWNS BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33647	Country HILLSBOROUGH

4. FEI Number 59-3474535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SYED, AFTAB A
9413 BELLHAVEN STREET
TAMPA FL 33637

7. Name and Address of New Registered Agent
 Name **ZAFAR J. KHAN**
 Street Address (P.O. Box Number is Not Acceptable)
19022 BRUCE B. DOWNS BLVD.
 City **TAMPA** **FL** Zip Code **33647**

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 *Zafar Khan* **ZAFAR J. KHAN, DIRECTOR** DATE **2.10.2000**

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, 2000 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 PST	<input type="checkbox"/> Delete
NAME SYED, AFTAB A	
STREET ADDRESS 9413 BELLHAVEN STREET	
CITY-ST-ZIP TAMPA FL 33637	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZAFAR J. KHAN	
STREET ADDRESS 19022 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP TAMPA, FL-33647	
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	
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)(l), 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: *Zafar Khan* **ZAFAR J. KHAN, DIRECTOR** DATE **2.10.00** DAYTIME PHONE # **907-7861**

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

CR2E034 (9/99)