

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90002 021 ***150.00

DOCUMENT # P97000092664

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

Principal Place of Business
**19022 BRUCE B. DOWNS BLVD.
 TAMPA FL 33647**

Mailing Address
**19022 BRUCE B DOWNS BLVD
 TAMPA FL 33647**

654180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10212 GARDEN ALCOVE DR.

3. Mailing Address
10212 GARDEN ALCOVE DRIVE

Suite, Apt. #, etc. _____

Suite, Apt. #, etc. _____

City & State
TAMPA FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number **59-3474535** Applied For
 Not Applicable

Zip **33647** Country **U.S.A.**

Zip **33647** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent
**KHAN, ZAFAR J
 19022 BRUCE B DOWNS BLVD
 TAMPA FL 33647**

7. Name and Address of New Registered Agent
 Name **SALMA Z. KHAN**
 Street Address (P.O. Box Number is Not Acceptable)
10212 GARDEN ALCOVE DRIVE
 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 *S. Zafar J* **(SALMA Z. KHAN)** DATE **5.1.01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SYED, AFTAB A 9413 BELLHAVEN STREET TAMPA FL 33637 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, ZAFAR J 19022 BRUCE B DOWNS BLVD TAMPA FL 33647 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SALMA Z. KHAN 10212 GARDEN ALCOVE DRIVE TAMPA, FL-33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *S. Zafar J* **(SALMA Z. KHAN)** DATE **5.1.01** **(813) 907-7862**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)