

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90001 047 \*\*\*150.00

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**DOCUMENT # P98000002751**

1. Entity Name  
**MOHAN AUTO SALES & REPAIRS, INC.**

Principal Place of Business 3304 OLD WINTER GARDEN RD ORLANDO FL 32805	Mailing Address 3304 OLD WINTER GARDEN RD ORLANDO FL 32805
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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
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Zip	Country	Zip	Country
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4. FEI Number **59-3485082** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANNAN, MOHANLALL**  
**3304 OLD WINTER GARDEN RD**  
**ORLANDO FL 32805**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ANNAN, MOHANLALL		
	3304 OLD WINTER GARDEN RD		
	ORLANDO FL 32805		

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: Mohanlall Annan Mohanlall Annan 1-3-02. (407) 294-5090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)