2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000002751 DOCUMENT

1. Entity Name

MOHAN AUTO SALES & REPAIRS, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90060 025 ***150.00

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Recognitions	3. Mailing Address Suite, Apt. #, etc. City & State		— CHECK HERE IS MAKIN		
City & State Zip Country –	City & State				
Zip Country –			☐ CHECK HERE IF MAKING CHANGES		
			A FELNIARIA		
6. Name and Address of Current Re	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi	t Applicable itional
	egistered Agent		<u> </u>	Fee Required	
N .	<u></u>	Name	7. Name and Address of New Registered	Agent	
ANNAN, MOHANLALL 3304:≸LD WINTER GARDEN RD ORLANDO FL 32805					
		Street Addres	ss (P.O. Box Number is Not Acceptable)		
		City	——————————————————————————————————————	Zip Code	
8. The above named entity submits this statement for the obligations of registered agent.	ne purpose of changing its	registered office or regis	tered agent or both in the State of Electric	<u> </u>	<u> </u>
the obligations of registered agent.	to property of the same of the	registered office of regis	nered agent, or both, in the State of Florida. I am	tamiliar with, a	nd accept
SIGNATURE	title if applicable /AVOT	F. Daviston at A			
	пост пррисавие. (пот	E: Registered Agent signature requ	rred when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Si	tate		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added t	May Be o Fees
10. OFFICERS AND DIF	RECTORS	11.	ADDITIONS (CHANGES TO OFFICERS AND		
TITLE PD	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND		
NAME ANNAN, MOHANLALL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805	Delete	NAME STREET ADDRESS CITY-ST-ZIP		∐ Change	☐ Addition
TITLE	☐ Delete	TITLE			
NAME	L DOUGE	NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	ر مو شدر ده	STREET ADDRESS CITY-ST-ZIP-		<i>,</i>	
TITLE	□ Delete	TITLE		[] Charrie	
NAME		NAME		☐ Change	Addition
STREET ADDRESS	· ·	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE			
NAME	- Delete	NAME		☐ Change [Addition
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE					
IAME	☐ Delete	TITLE		Change [Addition
STREET ADDRESS		NAME STREET ADOREGO			ĺ
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			1
ITLE		CITY-51-ZIP			}
IAME	☐ Delete	TITLE		☐ Change [Addition
TREET ADDRESS		NAME			
PITY-ST-ZIP		STREET ADDRESS			
···	filing does not qualify for t	CITY-ST-ZIP			1

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE:

an MohanLall Annan 1/3/03