

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

7/1

07-14-2003 90344 010 ***150.00

DOCUMENT # P98000020250

1. Entity Name
BANA, INC.



Principal Place of Business
**6705 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

Mailing Address
**8955 WYMORE RD
1835A
ALTAMONTE SPRINGS FL 32714**

55052958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3649930**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**MAHER ALI, DILSHAD
895 S WYMORE RD
APT #1835A
ALTAMONTE SPRINGS FL 32714**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dilshad Ali*
Signature and typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-9-03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHER ALI, DILSHAD 895 S WYMORE RD 935A ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Dilshad Ali* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7-27-03

CR2E034 (4/03)

Attachment# [REDACTED]
Dilshad Ali I'm the President of Lana Inc.

Corps # is P98000020250. My Federal I.D. # is

59-3649930. I just recieved your letter for a new
Corporation, as soon as I receive it I'll send you
the \$150.00 Corp. renewal fees. Please disconue

the ~~penalty~~ penalty charges. Thank you for your
cooperation in this matter. 7-9-03 Please send

a letter to Lockard Chevron. 6705 North Orange
Blossom Trail, Orlando Florida 32810

Thank you

~~Dilshad Ali~~

55052958

#P98000020250