

# 2002 UNIFORM BUSINESS REPORT (UBR)

0320757 AV

DOCUMENT # P98000023858

1. Entity Name

KHAZANA IMPORTS, INC.

FILED

02 MAR 13 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4370 OAKS ROAD  
SUITE 726  
DAVIE FL 33314

Mailing Address

4370 OAKS ROAD  
SUITE 726  
DAVIE FL 33314

2. Principal Place of Business

525 North Ocean Boulevard

Suite, Apt., #, etc.

Apt. 822

City & State

Pompano Beach, Florida

Zip  
33062-4629

Country

3. Mailing Address

525 North Ocean Boulevard

Suite, Apt., #, etc.

Apt. 822

City & State

Pompano Beach, Florida

Zip  
33062-4629

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3500185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22 STREET

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 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

TITLE  
NAME PD  
STREET ADDRESS CHOPRA, ANOOP  
CITY-ST-ZIP 525 NORTH OCEAN BLVD., APT. 822  
POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME VSTD  
STREET ADDRESS CHOPRA, DIANE L  
CITY-ST-ZIP 525 NORTH OCEAN BLVD., APT. 822  
POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400005110844-3  
-03/15/02--01025--026  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Diane Chopra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.08.02 954-540-2217  
Date Daytime Phone #

CP2E034 (9/01)