

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90015 042 ***150.00

DOCUMENT # P98000040201

1. Entity Name
KERAWALA CORPORATION

Principal Place of Business
451 EAGLES RIDGE DRIVE
LAKE WALES FL 33853
US

Mailing Address
KERAWALA YASMIN
523 HEATHER GLEN DR
WINTER HAVEN FL 33884
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3517952**

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

KERAWALA, YASMIN
P. 4220 MOHOGANY RUN S.E.
WINTER HAVEN FL 33884

Name **KERAWALA YASMIN**
 Street Address (P.O. Box Number is Not Acceptable)
523 Heather Glen Dr.
 City **Winter Haven** FL Zip Code **33884**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **KERAWALA, YASMIN**
 STREET ADDRESS **4632 DELEON ST #F-230**
 CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **KERAWALA YASMIN**
 STREET ADDRESS **523 Heather Glen Dr**
 CITY-ST-ZIP **Winter Haven, FL-33884**

TITLE **SD** ☒ Delete
 NAME **KERAWALA, SHUJAAT**
 STREET ADDRESS **4632 DELEON ST #F-230**
 CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **SD** ☐ Change ☐ Addition
 NAME **LAKHNI SULTAN**
 STREET ADDRESS **523 Heather Glen Dr.**
 CITY-ST-ZIP **Winter Haven, FL-33884**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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: **SIGNATURE OF KERAWALA YASMIN (PRESIDENT)** 01-12-02 863678-9698
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)