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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000093435

1. Corporation Name

KNIVES & MORE INC.

Principal Place of Business

5344 W 23 CT
HIALEAH FL 33016

Mailing Address

5344 W 23 CT
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

65-0874550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 9695 NW 79th AVE	26 9695 NW 79th AVE
Suite, Apt. #, etc. BAY # 31	Suite, Apt. #, etc. BAY # 31
City & State HIALEAH GARDENS	City & State HIALEAH GARDENS
Zip FL-33016 Country U.S.A	Zip FL-33016 Country U.S.A

9. Name and Address of Current Registered Agent

CHAUDHARY, GHULAM
15910 SW 56 ST
DAVE FL 33331

10. Name and Address of New Registered Agent

81 Name	RIZWAN KHURSHID
82 Street Address (P.O. Box Number is Not Acceptable)	
83	5344 - W - 23 RD CT
84 City	HIALEAH FL 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	RIZWAN KHURSHID
NAME	CHAUDHARY, GHULAM	1.2 NAME	President
STREET ADDRESS	15910 SW 56 ST	1.3 STREET ADDRESS	5344 W 23 CT
CITY-ST-ZIP	DAVE FL 33331	1.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	VD	2.1 TITLE	Secretary
NAME	MALIK, ARIF MAHMOOD	2.2 NAME	Mian Sallah-Ud-din
STREET ADDRESS	5344 W 23 CT	2.3 STREET ADDRESS	5344 W 23 CT
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-362-4818

CR2E034 (11/98)