

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 001 ***150.00

0584727 AV

DOCUMENT # P99000054308

1. Entity Name
LAKSOM ENTERPRISES, INC.



Principal Place of Business
6791 66 STREET NORTH
PINELLAS PARK FL 33781

Mailing Address
~~2092 SWAN LANE~~
~~PALM HARBOR FL 34683~~

*15912 Prince William Pl
Odessa, FL 33556*

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 **59-3583937**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKHANI, AMEER

~~2092 SWAN LANE~~

~~PALM HARBOR FL 34683~~

*15912 Prince William Pl
Odessa, FL 33556*

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 _____ (NOTE: Registered Agent signature required 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 State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LAKHANI, AMEER**
STREET ADDRESS ~~2092 SWAN LANE~~
CITY-ST-ZIP ~~PALM HARBOR FL 34683~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS *15912 PRINCE WILLIAM PL*
CITY-ST-ZIP *ODESSA, FL 33556*

TITLE **S** ☐ Delete
NAME **SOMANI, ASHIQ**
STREET ADDRESS ~~2960 DREW ST., #211W~~
CITY-ST-ZIP ~~CLEARWATER FL 33759~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS *631 4th AVE N*
CITY-ST-ZIP *SAFETY HARBOR, FL 34695*

TITLE **T** ☒ Delete
NAME **LAKHANI, SOFIA**
STREET ADDRESS **2092 SWAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **VP** ☒ Delete
NAME **SOMANI, ZOHRA**
STREET ADDRESS **2960 DREW ST., #211W**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 727-776-6200

Date Daytime Phone #

CR2E034 (10/02)