

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90759 011 ***150.00

DOCUMENT # P99000060009

1. Entity Name
GOWANI PREMIUM DESSERT, INC.



Principal Place of Business
9101 INTERNATIONAL DRIVE
1190
ORLANDO FL 32819

Mailing Address
8906 ELLIOTS COURT
ORLANDO FL 32836



2. Principal Place of Business

8001 SOUTH ORANGE BLOSSOM TRAIL 8906 ELLIOTS COURT

Suite, Apt. #, etc.

894 A

Suite, Apt. #, etc.

City & State

Orlando FLORIDA

City & State

Orlando Florida

Zip

32809

Country

U.S.A.

Zip

32836

Country

U.S.A.

4. FEI Number

59-3585164

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

GOWANI, HAMID ALI
8906 ELLIOTS COURT
ORLANDO FL 32836

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

SIGNATURE

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

(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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOWANI, HAMID ALI**
STREET ADDRESS **8906 ELLIOTS COURT**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/03

Telephone #

CR2E034 (10/02)