

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081449

1. Entity Name

KISSIMMEE ENTERTAINMENT INC.

Principal Place of Business

3036 BIG SKY BLVD.
KISSIMMEE FL 34744

Mailing Address

3036 BIG SKY BLVD.
KISSIMMEE FL 34744

2. Principal Place of Business

1950 LEE RD

Suite, Apt. #, etc.

100A

City & State

WINTER PARK FLORIDA

Zip

32789

Country

U.S

3. Mailing Address

1950 LEE RD

Suite, Apt. #, etc.

100A

City & State

WINTER PARK FLORIDA

Zip

32789

Country

US

4. FEI Number

59-3595911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTER, BERNARD R
3036 BIG SKY BLVD.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

8. The above 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 file 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, 2001 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
STREET ADDRESS
CITY-STATE-ZIP
D. P. S.
KHAMANI, ARIFF
5213 TIMBERVIEW TERR.
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D. P. S.
ARIFF KHAMANI
5213 TIMBERVIEW TERR.
ORLANDO, FL 32819 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V.P.
KHAMANI, SHEILA
5213 TIMBERVIEW TERR.
ORLANDO, FL 32819 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIFF KHAMANI

Date

Daytime Phone #

3/28/01 407 644 9995

CR2E034 (10/00)

0431632

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90323 043 ***150.00



DO NOT WRITE IN THIS SPACE