FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2001 8:00 am \$\frac{3}{8}\$
Secretary of State P99000085794 DOCUMENT # 1. Entity Name KOHINUR SHOPS, INC. 08-20-2001 90073 039 ***150.00 Principal Place of Business Mailing Address 800 N. MAGNOLIA AVE. 800 N. MAGNOLIA AVE. しらいらだらしだ STE #100 STE #100 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3398151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) ~ 6120 CASTLEWOOD LN ORLANDO FL 32808 City 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. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE (5/01) ☐ Change ☐ Addition KANJI, FIROZ P NAME NAME STREET ADDRESS 800 MAGNOLIA AVE., SUITE 110 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 regeiver 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

Jaiy16 2001

From: KOHINUR ENTERPRISES INC., d/b/a ONE STOP LOBBY SHOP 800N. Magnolia Ave. Suit # 110 Orlando,Fl.32803

RE: Filling of above Coprporation

To: Fla, department of State. Corporate Division, Box 1500 Talahassee, Fl, 32302-1500

Dear Sir,

The above corporation renewal papers end up at the wrong address. Since the First Union Bank is at this address, and my store also located in the lobby,

When I went for a deposit I saw a large white envelope with my corporate name, after Inquiring about it they concluded it must be mine. If I had not seen the envelope I would have never got the envelope. So the first renewal envelope was never received by me, and would have missed this one had I not pointed out to the Teller.

Herewith I have enclose \$150,00 the regular corporation renewal filling fees.

I will appreciate your help in this matter.

Thank You,

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iji, President

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