

FILED
Aug 06, 2002 8:00 am
Secretary of State

05-30-2002 91603 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 799000085794 ✓
1. Entity Name
KOHINUR SHOPS INC.

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40808

2. Principal Place of Business
800 NORTH MAGNOLIA AVE.
Suite, Apt. #, etc.
SUIT # 110
City & State
ORLANDO, FLORIDA
Zip
32803. Country
ORANGE

3. Mailing Address
← SAME.
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3398151 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
FIROZ KANJI
Street Address (P.O. Box Number is Not Acceptable)
4424 MIDDLEBROOK RD
ORLANDO
City ORLANDO FL Zip Code 32811

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] DATE 5/27/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		NAME	TITLE
TITLE	<u>FIROZ KANJI PRESIDENT</u>		
NAME	<u>FIROZ KANJI</u>		
STREET ADDRESS	<u>4424 MIDDLEBROOK RD</u>		
CITY - ST - ZIP	<u>ORLANDO, FL 32811</u>		
TITLE	<u>NURSEHAN F. KANJI</u>		
NAME	<u>NURSEHAN F. KANJI</u>		
STREET ADDRESS	<u>4424 MIDDLEBROOK RD</u>		
CITY - ST - ZIP	<u>ORLANDO SECRETARY FL</u>		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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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 on an attachment with an address, with or without power.
SIGNATURE: [Signature] DATE 5/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E064B (12/01)