

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086070

1. Entity Name

LAKHANI BROTHERS INC

Principal Place of Business

7501 ULMERTON RD.
LARGO FL 33771

Mailing Address

7501 ULMERTON RD.
LARGO FL 33771-4510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAKHANI, SHAHABUDDIN
7501 ULMERTON RD.
LARGO FL 33771

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **PRESIDENT** ☐ Delete
NAME **SHAHABUDDIN LAKHANI**
STREET ADDRESS **7501 ULMERTON ROAD #1816**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **SALIM LAKHANI (Partner)** ☐ Delete
NAME **7501, ULMERTON ROAD #1816**
STREET ADDRESS **LARGO FL 33771**
CITY-ST-ZIP

TITLE **MEHANDI LAKHANI (Partner)** ☐ Delete
NAME **231, ALHAMBRA ROAD**
STREET ADDRESS **OAK RIDGE, TN 37830**
CITY-ST-ZIP

TITLE **PARTNER** ☐ Delete
NAME **SUBTAALI SHOROFF**
STREET ADDRESS **231 ALHAMBRA ROAD**
CITY-ST-ZIP **OAK RIDGE TN 37830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90023 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-359-8673** Applied For ☐ Not Applicable ☐

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

7-2-0001