

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90171 025 ***150.00

DOCUMENT #	P99000092790
1. Entity Name	
Kamal and Sons, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
370 E Main St		370 E. MAIN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Apopka, FL		APOPKA	
Zip	Country	Zip	Country
32703		32703	

40086002

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3602630		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WADHWANIA, KAMAL
Street Address (P.O. Box Number is Not Acceptable)
370 E. MAIN STREET

City
APOPKA
FL
Zip Code
32703

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D WADHWANIA, KAMAL 370 E. MAIN STREET APOPKA FL 32703
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2006 407-889-7900