

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90148 004 ***150.00

011049 AV

DOCUMENT # P99000099909

1. Entity Name

SANLAX ENTERPRISES INC.

Principal Place of Business

**3802 MANTEO CIRCLE
 ORLANDO FL 32837**

Mailing Address

**3802 MANTEO CIRCLE
 ORLANDO FL 32837**

2. Principal Place of Business

2304 S. KIRKMAN RD
 Suite, Apt. #, etc.

3. Mailing Address

2304 S. KIRKMAN RD
 Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32811

Country

Zip

32811

Country

4. FEI Number

59-3617153

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CHULANI, HARRY M
 3802 MANTEO CIRCLE
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **CHULANI, HARRY M**

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

2304 S. KIRKMAN RD

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, 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, 2002 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 **P** ☒ Delete
 NAME **CHULANI, CHANDA**
 STREET ADDRESS **3802 MANTEO CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VP** ☐ Delete
 NAME **CHULANI, HARRY**
 STREET ADDRESS **3802 MANTEO CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **T** ☒ Delete
 NAME **CHULANI, SONIA M**
 STREET ADDRESS **3802 MANTEO CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **S** ☐ Delete
 NAME **CHULANI, MIKE A**
 STREET ADDRESS **3802 MANTEO CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

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
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **HARRY CHULANI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 407-870-2207
 Date Daytime Phone #

CR2E034 (9/01)