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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000101182 1. Entity Name KHUSHI, INC. 04-02-2001 90066 029 ***158.75 Principal Place of Business Mailing Address 13801 102ND TERRACE NORTH 13801 102ND TERRACE NORTH LARGO FL 33774 LÁRGO FL 33774 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3611353 Not Applicable Country ---------\$8.75 Additional ---5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LA BELLE, RICHARD D III Street Address (P.O. Box Number is Not Acceptable) 3446 LAKE DR. PALM HARBOR FL 34683 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Addition TITLE Delete TITLE ☐ Change SAM RAMLOGUN, HARRY K∙SAM NAME NAME STREET ADDRESS 13801 102ND TERRACE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** TITLE ☐ Delete TITLE ☐ Change Addition RAMLOGUN, ROOPA D NAME NAME 13801 102ND TERRACE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP > CITY-ST-ZIP LARGO:FL 33774 - --☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truetee empowered to effect 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 filthet like empowered.

SIGNATURE: HARRY K. S. RAMLOGUN 329 01 (727)593-0785