

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90927

1. Entity Name

KARIM MOTELS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90111 031 ***150.00

Principal Place of Business

% GARDEN LODGE MOTEL
2000 CYPRESS GARDESN BLVD
WINTER HAVEN FL 33880

Mailing Address

% GARDEN LODGE MOTEL
2000 CYPRESS GARDESN BLVD
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

15 CYPRESS GREEN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

FL

4. FEI Number

59-2207853

Applied For

Not Applicable

Zip

33884

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREMI, NOORJEHAN S
15 CYPRESS GREEN CRT
WINTER HAVEN FL 33884

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PREMJI, NOORJEHANS
STREET ADDRESS 2000 CYPRESS GRDNS BLVD
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE ☒ Change ☐ Addition
NAME 15 Cypress Green Ct
STREET ADDRESS Winter Haven, FL 33884
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME PREMJI, SANDRUDIN A
STREET ADDRESS 2000 CYPRESS GRDNS BLVD
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE ☒ Change ☐ Addition
NAME 15 Cypress Green Ct
STREET ADDRESS Winter Haven, FL 33884
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

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:

PREMI, NOORJEHAN S. Premji

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

863-324-5260

Daytime Phone #