2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K35814 1. Entity Name ROYAL PRESS OF CENTRAL FLORIDA, INC.					FILED Mar 07, 2001 8:00 a Secretary of State 02-12-2001 90209 045 ***150.00	
Principal Place of Bus /O HASSAN SHARIFI 73 W S R 434 DNGWOOD FL 32750		Mailing Address C70-HASSAN SHARIFI 973 W 5-8 434 LONGWOOD FL 32750	229 PS	ssan rifi rtsmon		
Suite, Apt. #, etc.	Business	3. Mailing Address Suite, Apt. #, etc.	Longa	32779	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4.	FE! Number 59-2952390 Applied For	
Zip	Country	Zip	Country	5,	Certificate of Status Desired Saturation Status Desired Required Fee Required	
6. N	ame and Address of Current Re	gistered Agent		<u>7.</u>	Name and Address of New Registered Agent	
SHARIFI, HA 229 PORTSM LONGWOOD	NOUTH COVE			Address (P.O.	Box Number is Not Acceptable)	
201000000000000000000000000000000000000					FL Zip Code	
GNATURE Signature. This corporation is Tax filing requirem	types or printed name of registered agent and elligible to satisfy its intangible nent and elects to do so.	Inte V applicable (NO FILE NOW After MAY 1, 2	OTE: Registered Agent sign VIII FEE IS \$150 0001 Fee will be \$	ature required when a	reinstating) DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
(See criteria on ba	<u> </u>	Make Check Paya				
TREET ADDRESS 229 P	OFFICERS AND DIE FI, HASSAN DRTSMOUTH COVE WOOD FL	Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1	
TREET ADDRESS 229 P(FI, GITA DRTSMOUTH COVE WOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition ☐	
TLE AME REET ADORESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
TY-ST-ZIP TLE AME FREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS		Change Addition	
TY-ST-ZIP ILE ANE REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
LE ME REET ADORESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
of the corporation	at the information supplied with thi eport or supplemental report is In- or the receiver or trustee empowe attachment with an address, with	red to execute this report	or the exemption sta my signature shall t as required by Ch	tted in Section have the same apter 607, Flori	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	