

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008392

1. Entity Name

Principal Property Investments, LLC

Principal Place of Business  
1001 Livingston Road  
Lutz, FL 33549

Mailing Address  
1001 Livingston Road  
Lutz, FL 33549

2. Principal Place of Business  
4805 W. Laurel Street  
Suite, Apt. #, etc.  
Suite 100

3. Mailing Address  
4805 W. Laurel Street  
Suite, Apt. #, etc.  
Suite 100

City & State  
Tampa, FL  
Zip  
33607

Country  
USA

City & State  
Tampa, FL  
Zip  
33607

Country  
USA

FILED  
01 JUN 20 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Mikos, Cynthia A. Esquire  
Cynthia A. Mikos, PA  
205 N. Parsons Ave, Suite A  
Brandon, FL 33510-4515

## 7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Syed Ali Safdar, MD 9305 Cypress Bend Dr. Tampa, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hasan Farid Hashmi, MD <del>1001 Livingston Road</del> Lutz, FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*\*50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)