# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000003577

**1.** Entity Name
FLAPA RESIDENTIAL INVESTMENTS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TAM REAL ESTATE FLORIDA. INC. | C/O TAM REAL ESTATE FLORIDA. INC. |
| 8556 PALM PARKWAY | 8556 PALM PARKWAY |
| ORLANDO FL 32836 | ORLANDO FL 32836 |

| 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 59-3582070 | Applied For / Not Applicable |
|---|---|---|---|
| Zip / Country | Zip / Country | 5. Certificate of Status Desired ☐ | $5.00 Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VALDES-FAULI CORPORATE SERVICES, INC. | Name |
| 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST | Street Address (P.O. Box Number is Not Acceptable) |
| WEST PALM BEACH FL 33401 | 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

300004423328--8
--06/18/01--01002--016
*****50.00  *****50.00

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|
| TITLE MGR / NAME HASHWANI, HATIM / STREET ADDRESS 8556 PALM PARKWAY / CITY-ST-ZIP ORLANDO FL 32836 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE MGR / NAME AL-SAYED, EBRAHIM / STREET ADDRESS 8556 PALM PARKWAY / CITY-ST-ZIP ORLANDO FL 32836 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE MGR / NAME CLARK, SUSAN / STREET ADDRESS 8556 PALM PARKWAY / CITY-ST-ZIP ORLANDO FL 32836 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE MGR / NAME LOTTERMAN, MARK / STREET ADDRESS 3640 CLUB DRIVE / CITY-ST-ZIP AVENTURA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change | ☐ Addition |

**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:** _____  4/23/01

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

CR2E083 (11/00)