

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008984

1. Entity Name

SIYACH PROPERTIES, L.L.C.

Principal Place of Business

Mailing Address

1404 BALDWIN'S CT
MAITLAND, FL 32751

2. Principal Place of Business

1404 BALDWIN'S CT

3. Mailing Address

1404 BALDWIN'S CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

US

4. FEI Number

59-3614717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THEODORE A. NOEL II
1404 BALDWIN'S CT
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name THEODORE A. NOEL II

Street Address (P.O. Box Number is Not Acceptable)

1404 BALDWIN'S CT

City MAITLAND

FL

Zip Code 32751

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)

3/27/00

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE PRESIDENT ☐ Delete
NAME THEODORE A. NOEL II
STREET ADDRESS 1404 BALDWIN'S CT
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VICE-PRESIDENT ☐ Delete
NAME NANCY NOEL
STREET ADDRESS 1404 BALDWIN'S CT
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 000003219690-9
STREET ADDRESS -04/24/00-01028-009
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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  THEODORE A. NOEL II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

3/27/00 407/629-2923

Daytime Phone #

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE