

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M9700000035

1. Entity Name

Caspian Real Estate, L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

700 E. Sandy Lake Rd. #146

Suite, Apt. #, etc.

Suite 146

City & State

Coppell, TX 75019

Zip

Country

3. Mailing Address

700 E. Sandy Lake Rd. #146

Suite, Apt. #, etc.

Suite 146

City & State

Coppell, TX 75019

Zip

Country

4. FEI Number

75-2627455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B & C Corporate Services of Central Fla., Inc.
390 N. Orange Ave., Suite 1100
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

Inc.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert H. Voelker
700 E. Sandy Lake Rd., #146
Coppell, TX 75019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Bruce A. Hall
836 Blue Jay
Coppell, TX 75019

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
FF \$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003305579-0
-06/27/00-01007-018
2017.50 **50.00

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robert H. Voelker

5-16-00

972-745-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)