

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043958

1. Entity Name

SPRING HOUSE PROPERTY INVESTMENTS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90149 050 ***150.00

Principal Place of Business

C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836

Mailing Address

C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3643445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 fee of applicant

(NOTE: Registered Agent Signature required when relocating)

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, 2001 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	D	☐ Delete
NAME	HASHWANI, HATIM A	
STREET ADDRESS	C/O TAM REAL ESTATE FLORIDA, INC.	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	D	☐ Delete
NAME	CLARK, SUSAN I	
STREET ADDRESS	C/O TAM REAL ESTATE FLORIDA, INC.	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	D	☐ Delete
NAME	ALSAYED, EBRAHIM SHARIF	
STREET ADDRESS	C/O TAM REAL ESTATE FLORIDA, INC.	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

OFFICER OR DIRECTOR

CR2E034 (10/00)