

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043958

1. Entity Name  
SPRING HOUSE PROPERTY INVESTMENTS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 20 PM 2:54

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3643445

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH FL 33401-0000

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HASHWANI, HATIM A  
STREET ADDRESS C/O TAM REAL ESTATE FLORIDA, INC.  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition  
NAME 900019744859  
STREET ADDRESS 05/22/03--01073--002 \*\*\*4637.50  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARK, SUSAN I  
STREET ADDRESS C/O TAM REAL ESTATE FLORIDA, INC.  
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE D ☒ Delete  
NAME ALSAYED, EBRAHIM SHARIF  
STREET ADDRESS C/O TAM REAL ESTATE FLORIDA, INC.  
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

0118322 AV

CR2E034 (10/02)