FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P00000386368 STONERIVER INVESTMENTS, INC. 02-09-2001 90209 021 \*\*\*150.00 Principal Place of Business Mailing Address 9753 S. ORANGE BLOSSOM TRAIL 9753 S. ORANGE BLOSSOM TRAIL SUITE 209 SUITE 209 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 9753 S. OCAHEE BLOSSOM TEA 9753 S. ORANGE BLOSSOM TEAM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 202 Suite # City & State City & State 4. FEI Number Applied For DeLAHDO ORLANDO - 3669642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32837 USA. 3<u>283</u>7 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMEES JASAT, HAMEED Street Address (P.O. Box Number is Not Acceptable) 9753 S. ORANGE BLOSSOM TRAIL 9753 . OCANGE RUDGEOM TRA SUITE 209 ORLANDO FL 32837 City Zip Code A-160 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME JASAT, HAMEED NAME STREET ADDRESS 9753 S. ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete Change TITLE ☐ Addition NAME JASAT, FEROZA NAME STREET ADDRESS 9753 S. ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-7IP TITLE Delete TITLE - . - - -☐ Change ☐ Addition NAME ESAT, KHALIL NAME STREET ADDRESS 9753 S. ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-858-9797

Daytime Phone #