

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90077 047 ***150.00

DOCUMENT # **P01000043754**

1. Entity Name
CALS INVESTORS INC



Principal Place of Business
**4679 CHARIOT CIR
GREENACRES FL 33463**

Mailing Address
**4679 CHARIOT CIR
GREENACRES FL 33463**



2. Principal Place of Business
1606 BELMONT PLACE
Suite, Apt. #, etc.

3. Mailing Address
1606 BELMONT PLACE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number **65-1107225**

Applied For
Not Applicable

Zip
33436

Country
PALM BEACH

Zip
33436

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

**CALIDEEN, SHAFFINA
4679 CHARIOT CIR
GREENACRES FL 33463**

Name
CALIDEEN, SHAFFINA

Street Address (P.O. Box Number is Not Acceptable)
1606 BELMONT PLACE

City **BOYNTON BEACH** **FL** Zip Code **33436**

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	P CALIDEEN, SHAFFINA 4679 CHARIOT CIR GREENACRES FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CALIDEEN SHAFFINA 1606 BELMONT PLACE BOYNTON BEACH FL. 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: **X** **Calideen R. Shaffina**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/03

Date

Daytime Phone #

CR2E034 (10/02)