

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031040

1. Entity Name
SCIDC TAMPA PROPERTIES, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90193 012 ***150.00

Principal Place of Business

Mailing Address

~~C/O UNDER WEBSTER, SHAWWOOD & ACREE, P.A.~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~
~~US~~

~~200 BOULDER RIDGE ROAD~~
~~SCARSDALE NY 10583~~
~~US~~

2. Principal Place of Business

3. Mailing Address

c/o Webster & Partners, P.L.

c/o Webster & Partners, P.L.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1936 Lee Road, Ste 101

PO Box 2310

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

Country

Country

32789

USA

32790-2310

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~OWSA SERVICES, INC.~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~

Name

W & P Services, Inc.

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

1936 Lee Road, Ste 101

City **Winter Park**

FL

Zip Code

32789

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 terminating)

David A. Webster, President 01/29/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AL-NOMAN, AHMED A MR**
STREET ADDRESS **P.O. BOX 2083**
CITY-ST-ZIP **SHARJAH, UAE**

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

TITLE **PT** ☐ Delete
NAME **BATAVIA, P. J MR**
STREET ADDRESS **P.O. BOX 2083**
CITY-ST-ZIP **SHARJAH, UAE**

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

TITLE **VPS** ☐ Delete
NAME **FARAH, HUSSEIN A MR**
STREET ADDRESS **P.O. BOX 2083**
CITY-ST-ZIP **SHARJAH, UAE**

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

TITLE **AS** ☐ Delete
NAME **GAZDAR, HOMI MR**
STREET ADDRESS **200 BOULDER RIDGE RD**
CITY-ST-ZIP **SCARSDALE NY 10583**

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

TITLE **D** ☐ Delete
NAME **AL-SHAMS, ODALD R**
STREET ADDRESS **P.O. BOX 2083**
CITY-ST-ZIP **SHARJAH, UAE FL**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMI GAZDAR

01/29/01

Date

407-691-0500

Daytime Phone #

CR2E034 (10/00)