

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90655 043 ***150.00

DOCUMENT # P93000031040

1. Entity Name
SCIDC TAMPA PROPERTIES, INC.



Principal Place of Business
C/O WEBSTER & PARTNERS PL
1936 LEE RD STE 101
WINTER PARK, FL 32789 US

Mailing Address
C/O WEBSTER & PARTNERS PL
PO BOX 2310
WINTER PARK, FL 32790-2310 US

54031758



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3229463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W & P SERVICES, INC
1936 LEE RD
STE 101
WINTER PARK, FL 32789

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HOMI GAZDAR

March 31, 2004