

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90260 041 \*\*\*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

**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** 59-3229463

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**

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-NOMAN, AHMED A MR	NAME	
STREET ADDRESS	P.O. BOX 2083	STREET ADDRESS	
CITY-ST-ZIP	SHARJAH, UAE	CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATAVIA, P. J MR	NAME	
STREET ADDRESS	P.O. BOX 2083	STREET ADDRESS	
CITY-ST-ZIP	SHARJAH, UAE	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAH, HUSSEIN A MR	NAME	
STREET ADDRESS	P.O. BOX 2083	STREET ADDRESS	
CITY-ST-ZIP	SHARJAH, UAE	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZDAR, HOMI MR	NAME	
STREET ADDRESS	200 BOULDER RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY 10583	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-SHAMS, ODALD R	NAME	
STREET ADDRESS	P.O. BOX 2083	STREET ADDRESS	
CITY-ST-ZIP	SHARJAH, UAE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

*HOMI GAZDAR* **ASSISTANT SECY FEB 5, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)