

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90160 044 \*\*\*150.00

**DOCUMENT # P93000049794**

1. Entity Name  
**RESULTS REALTY INVESTMENTS, INC.**



Principal Place of Business  
**414 WEKIVA RAPIDS  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**414 WEKIVA RAPIDS  
ALTAMONTE SPRINGS FL 32714**

70001307



2. Principal Place of Business  
**700 SWEETWATER CREEK CT**

3. Mailing Address  
**700 Sweetwater creek court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LONGWOOD FL.**

City & State  
**Longwood FL.**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**32779**

Country  
**USA**

Zip  
**32779**

Country  
**U.S.A.**

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

**AMIRZADEH, HOSSAIN  
414 WEKIVA RAPIDS DR  
ALTAMONTE SPRINGS FL 32714**

*only Address change*

Name  
**Hossain Amir**

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

**700 Sweetwater creek court**

City  
**Longwood**

FL

Zip Code  
**32779**

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 *Hossain Amir*  
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 **P** ☐ Delete  
NAME **AMIRZADEH, HOSSAIN**  
STREET ADDRESS **414 WEKIVA RAPIDS DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
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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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (407) 774-4423  
Date Daytime Phone #

CR2E034 (10/02)