

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90120 023 \*\*\*150.00

DOCUMENT # 93000053685  
 1. Entity Name  
Darius Properties, Inc.

Principal Place of Business Mailing Address  
1252 Coverstone Court 1252 Coverstone Court  
Oldsmar, FL 34677 Oldsmar, FL 34677

**C0053178**

2. Principal Place of Business 3. Mailing Address  
1901 Ulmerton Road 1901 Ulmerton Road  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 750 Suite 750

DO NOT WRITE IN THIS SPACE

City & State City & State  
Clearwater, FL Clearwater, FL  
 Zip Country Zip Country  
33762 33762

4. FEI Number Applied For  
59-3194595 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
Ernest Mascara  
877 Executive Ct. Dr. #303  
St. Petersburg, FL 33702

7. Name and Address of New Registered Agent  
 Name Lisa Smithson  
 Street Address (P.O. Box Number is Not Acceptable) 1901 Ulmerton Road,  
Suite 750  
 City Clearwater **FL** Zip Code 33762

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 Lisa Smithson Lisa Smithson 3/15/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE	<u>P.D.T.S</u>	<input type="checkbox"/> Delete
NAME	<u>Bagher Ashraf</u>	
STREET ADDRESS	<u>1252 Coverstone Court</u>	
CITY-ST-ZIP	<u>Oldsmar, FL 34677</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: Bagher Ashraf 03/15/2001 727-785-4593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)