

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90016 019 ***150.00

DOCUMENT # P96000042060

1. Entity Name

TWIN LAKES DEVELOPMENT CORP OF BRANDON

Principal Place of Business

**3011 PARTRIDGE POINT TR
 VALRICO FL 33594**

Mailing Address

**P.O. BOX 2057
 BRANDON FL 33509**

2. Principal Place of Business

3626 Erindale Dr

Suite, Apt. #, etc.

3. Mailing Address

3626 Erindale Dr

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number

59-3379600

Applied For

Not Applicable

Zip

33594

Country

US

Zip

33594

Country

US

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

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **HASBINI, ALI**
 STREET ADDRESS **4903 SYLVAN OAKS DR.**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition
 NAME **3626 Erindale Dr**
 STREET ADDRESS **VALRICO FL 33594**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

ALI HASBINI

Date

4/16/01

Daytime Phone #

813-681-8419

CR2E034 (10/00)