

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073912

1. Entity Name
METWEST PROPERTY INVESTMENTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 20 PM 2:30

Principal Place of Business
8556 PALM PARKWAY
1711 WORTHINGTON RD. SUITE 106
ORLANDO FL 32836
US

Mailing Address
8556 PALM PARKWAY
1711 WORTHINGTON RD. SUITE 106
ORLANDO FL 32836
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0695052
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

JAMES R. KAY, P.A.
AKERMAN, SENTERFITT & EIDSON PA
777 S FLAGLER DRIVE, #900 EAST TOWER
WEST PALM BEACH FL 33401

Name and Address of New Registered Agent

KAY LAW OFFICES
Attn: James R. Kay, Esquire
11505 Fairchild Gardens Avenue, Suite 203
Palm Beach Gardens, FL 33410

8. The above named entity submits this statement for the purpose of changing its registered agent and the obligations of registered agent.

SIGNATURE *[Signature]* PRESIDENT

5-1-03

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AL-SAYED, EBRAHIM S	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASHWANI, HATIM	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, SUSAN I	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100019744671	
CITY-ST-ZIP	05/22/03--01073--002 **4637.50	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

CR2E034 (10/02)

0118621 AV