

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90016 041 ***150.00

DOCUMENT # P96000076358

1. Entity Name
ORCHARD ESTATES, INC.

Principal Place of Business
333 W. CAMINO GARDENS BLVD
SUITE 201
BOCA RATON FL 33432
US

Mailing Address
333 W. CAMINO GARDENS BLVD
SUITE 201
BOCA RATON FL 33432
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 **65-0706767**

Applied For

Not Applicable

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

KIRSCHNER, MITCHELL B ESQ.
2101 CORPORATE BLVD.
SUITE 300
BOCA RATON FL 33431

Name
KEYNEJAD, SOHRAB

Street Address (P.O. Box Number is Not Acceptable)
333 W. CAMINO Gdns. Blvd., Suite 201

City
BOCA RATON

FL

Zip Code
33432

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.

(NOT) Registered Agent's 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 **PDST** ☐ Delete
 NAME **KEYNEJAD, JAMSHID**
 STREET ADDRESS **372 COCONUT PALM ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **V** ☐ Change ☒ Addition
 NAME **KEYNEJAD, SOHRAB**
 STREET ADDRESS **333 W. CAMINO Gdns. Blvd., Suite 201**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Delete
 NAME **STOKES, PHILLIP MURRAY**
 STREET ADDRESS **499 E. PALMETTO PARK RD.**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete
 NAME **STOKES, VERONICA JOAN**
 STREET ADDRESS **499 E. PALMETTO PARK RD.**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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:

S. Keynejad.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

(56) 368-5585

Daytime Phone #

CR2E034 (10/00)