

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90028 014 \*\*\*150.00

MA02110 AV

**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**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**KEYNEJAD, SOHRAR  
333 W CAMINO GARDENS BLVD STE 201  
BOCA RATON FL 33432**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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 **PDST** ☐ Delete  
NAME **KEYNEJAD, JAMSHID**  
STREET ADDRESS **372 COCONUT PALM ROAD**  
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 **D** ☐ Delete  
NAME **STOKES, VERONICA JOAN**  
STREET ADDRESS **499 E. PALMETTO PARK RD.**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **V** ☐ Delete  
NAME **KEYNEJAD, SOHRAB**  
STREET ADDRESS **333 W CAMINO GARDENS BLVD STE 201**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4/2/03**

**561-368-5585**

Date

Daytime Phone #

CR2E034 (10/02)