

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094124

1. Entity Name

TINY THOUGHTS, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90011 036 ***150.00

0073552

Principal Place of Business

6816 ALOMA AVE
WINTER PARK FL 32792
US

Mailing Address

966 CALANDA AVE.
ORLANDO FL 32807

00010700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12625 MARIBOU CIRCLE

City & State

City & State

ORLANDO FL

4. FEI Number 59-3412742

Applied For

Not Applicable

Zip

Country

Zip

32828

Country

U.S.

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

FATEMI-AKBARI, FARIBA
966 CALANDA AVE.
ORLANDO FL 32807

Name FATEMI-AKBARI, FARIBA

Street Address (P.O. Box Number is Not Acceptable)

12625 MARIBOU CIRCLE

City ORLANDO

FL

Zip Code 32828

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-01

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
NAME FATEMI-AKBARI, FARIBA
STREET ADDRESS 966 CALANDA AVE.
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE PD
NAME FATEMI-AKBARI, FARIBA ☒ Change ☐ Addition
STREET ADDRESS 12625 MARIBOU CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

467-671-1144

Daytime Phone #

CR2E034 (10/00)