

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009076

1. Entity Name

CONTEMPO REALTY MORTGAGE INVESTMENTS, INC.

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90004 031 ***158.75

Principal Place of Business

1025 SANTA FE BOULEVARD
HIGH SPRINGS FL 32643

Mailing Address

P O BOX 788
HIGH SPRINGS FL 34688-1117
US

2. Principal Place of Business

1017 SOUTH FLORIDA AVE.

3. Mailing Address

PO Box 1117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL.

City & State

TARPON SPRINGS FL

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A

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

ARDJOMAND-KERMANI, IRADJ
1025 NE SANTA FE BOULEVARD
HIGH SPRINGS FL 32643

Name

ARDJOMAND-KERMANI, IRADJ

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

1017 SOUTH FLORIDA AVE.

City

TARPON SPRINGS FL

Zip Code

34689

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 Iradj Ardjomand-Kermani

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

(NOTE: Registered Agent signature required when reinstating)

1/29/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS ARDJOMAND-KERMANI, DORINDA A 1025 NE SANTA FE BLVD HIGH SPRGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ARDJOMAND-KERMANI, DORINDA A. 1017 SOUTH FLORIDA AVE. TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dorinda A. Ardjomand-Kermani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORINDA A. ARDJOMAND-KERMANI

01-29-00 (1st) 939-9294

Date

Daytime Phone #

CR2E034 (9/99)