

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997-103556**  
 1. Entity Name  
**Parkdale management Inc**

APPROVED  
AND  
FILED

00 JUL -5 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**Saint Peterburg Florida 7000 Burlington AVE #198 St. Petersburg FL 33710**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3481667** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**st. petersburg FL 33710**

7. Name and Address of New Registered Agent  
 Name **William Lovelace**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2310 W. Bay Drive**  
 City **Largo** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 ☐ \$5.00 May Be Added to Fees  
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mohammed Naser</b> <input type="checkbox"/> Delete <b>President</b> <b>7000 Burlington Ave #198</b> <b>St. Petersburg FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice president</b> <input type="checkbox"/> Delete <b>Renate Naser</b> <b>7000 Burlington Ave #198</b> <b>St. Petersburg FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

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 <b>400003325734-2</b> <b>--07/18/00--01012--001</b> <b>****300.00 ****300.00</b>
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
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: **Mohammed Naser** **6-25-00** **(727) 381-1357**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)