

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90020 020 ***150.00

659831

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000070006			
1. Entity Name CYPRESS AUTO SALES INC.			
Principal Place of Business 5475 SOBT ORLANDO, FL 32839		Mailing Address 230 BAYHEAD DR. KISSIMMEE, FL 34743	
2. Principal Place of Business 1510 McCoy Road		3. Mailing Address 2670 HILLIARD CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State KISSIMMEE, FLORIDA	
4. FEI Number 59-3529474		Applied For <input type="checkbox"/> Not Applicable	
Zip 32809		Country ORANGE	
Zip 34744		Country OSCEOLA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAIKH ABDUL WAHAB 2670 HILLIARD CT KISSIMMEE, FL 34744		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$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 PRESIDENT SHAIKH ABDUL WAHAB 2670 HILLIARD CT KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY KHADIJA WAHAB 2670 HILLIARD CT KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Sh. Wahab		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHAIKH ABDUL WAHAB, Pres. 4/30/2001 407.344.9215	

CR2E034 (11/00)