

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090168

1. Entity Name
EASTWAY INVESTMENTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90074 028 ***150.00

Principal Place of Business Mailing Address
4134 GULF OF MEXICO DR.,STE.302 **4134 GULF OF MEXICO DR.,STE.302**
LONGBOAT KEY FL 34228 **LONGBOAT KEY FL 34228-2614**

2. Principal Place of Business 3. Mailing Address
7839 S. HWY 17-92 **7839 S. HWY 1792**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fern Park, FL **Fern Park, FL**

Zip Country Zip Country
32730 **USA** **32730** **USA**

4. FEI Number **59-3540367** Applied For
Not Applicable

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

SALEEM, MOHAMMED
4134 GULF OF MEXICO DR.,STE.302
LONGBOAT KEY FL 34228

Name
Saleem, Mohammed
Street Address (P.O. Box Number is Not Acceptable)
7839 S. HWY 17-92
City
Fern Park **FL** Zip Code
32730

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 *M. Saleem* **2/28/2000** **2/28/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEEM, MOHAMMED 7839 S HIGHWAY 1792 FERN PARK FL 32730	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *M. Saleem* **2/28/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)