

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064650

1. Entity Name

CALIFAR'S PROPERTY CONTROL, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90016 001 \*\*\*150.00

Principal Place of Business

160 Hope Street unit 116  
 Longwood, FL 32750

Mailing Address

1054 Lotus Cove Court unit 644  
 Altamonte Springs FL 32714

550000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

160 Hope Street

3. Mailing Address

1054 Lotus Cove Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

644

City & State

Longwood FL

City & State

Altamonte Springs FL

Zip

Country

Zip

Country

32750

Seminole

32714

Seminole

4. FEI Number 59-3608622

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

CALIFAR, LARRY III

1054 Lotus Cove Court unit 644  
 Altamonte Springs FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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 P  
 NAME CALIFAR, LARRY E  
 STREET ADDRESS 160 Hope Street unit 116  
 CITY-ST-ZIP Longwood FL 32750

TITLE  
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

407-947-2775

CR2E034 (10/00)