FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 02, 2001 8:00 am **DOCUMENT # \$26588** Secretary of State 06-02-2001 90004 015 \*\*\*150.00 FALCON SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 920 PADDINGTON TERRACE 920 PADDINGTON TERRACE vvvoan LAKE MARY FL 32746 LAKE MARY FL 32746 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3045213 Not App icable Zip Country Country \$8.75 Additiona 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shamsaee SHAMSAEE, SHAHRZAD Street Address (P.O. Box Number is Not Acceptable) 135 VARSITY CIR ALTAMONTE SPRINGS FL 32714 920 lerra ce Zip Code 32746 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE \_ DATE lignature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating) FILE NOW 1 FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. (See criter a on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE Change SHAMSAEE, SHAHRZAD NAME NAME STREET ADDRESS 225 S WESTMONTE DRIVE, SUITE 2020 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ALTAMONTE SPGS FL Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDR: SS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDR: SS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby $\epsilon$ entify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that

SIGNATURE:

with an address, with all other like empowered

of the corporation or the receiver or trustee empowered to execute this repor