

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59336

1. Entity Name

SHALIMAR PROPERTIES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 038 ***150.00

Principal Place of Business 600 HOUZE WAY SUITE B-6 ROSWELL GA 30076 US	Mailing Address 600 HOUZE WAY SUITE B-6 ROSWELL GA 30076-1432 US
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B0007013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 32392 COAST HWY Suite, Apt. #, etc. #150 City & State LAGUNA BEACH, CA Zip 92651 Country U.S.A.	3. Mailing Address 32392 COAST HWY Suite, Apt. #, etc. #150 City & State LAGUNA BEACH, CA Zip 92651 Country U.S.A.
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4. FEI Number **58-1949011** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRIS CADENHEAD 420 E. PINE VIEW AVENUE SUITE A CRESTVIEW FL 32539	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 Trust Fund Contribution. ☐ \$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	PD MALAS, MOHANNAD 32392 COAST HWY., STE. 150 LAGUNA BEACH CA 92651 <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	DST MALAS, RANA 31591 BLUFF DRIVE LAGUNA BEACH CA 92651 <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 a power of attorney or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000 (949) 499-5133
Date Daytime Phone #