

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90165 012 ***150.00

DOCUMENT # **S77441**

1. Entity Name

SARVARI CONSULTANTS, INC.

Principal Place of Business

**1338 KELSO BLVD
 WINDERMERE, FL 34786**

Mailing Address

**1338 KELSO BLVD
 WINDERMERE, FL
 34786**

2. Principal Place of Business

1338 KELSO BLVD
 Suite, Apt. #, etc.

3. Mailing Address

1338 KELSO BLVD
 Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

WINDERMERE FL

4. FEI Number

59-3086362

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

34786

Country

ORANGE

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

**SARVARI, ADEEB
 1338 KELSO BLVD.
 WINDERMERE FL 34786**

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

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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, 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 ☐ Delete
CEO
 NAME **SARVARI, JUNAID**
 STREET ADDRESS **1338 KELSO BLVD.**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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

4-10-01

Date

(407) 877-0874

Daytime Phone #

CR2E034 (11/00)