

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2001 8:00 am
Secretary of State

01-25-2001 90159 009 ***150.00

DOCUMENT # M99228
 1. Entity Name
SURUSH, INC.

Principal Place of Business
 8801 JOHNSON ST
 PEMBROKE PINES FL 33024
 US

Mailing Address
 8801 JOHNSON ST.
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0070485** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
~~BLANKENBUSH, J. R.
 6665 W. BAYVIEW RD.
 SUITE 200
 DORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent
 Name **Hamid R. SALEHI**
 Street Address (P.O. Box Number is Not Acceptable)
8801 Johnson Street
 City **Pembroke Pines** FL Zip Code **33024**

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 *Hamid R. Salehi* DATE **4/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P SALEHI, HAMID 8801 JOHNSON ST. PEMBROKE PINES FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2034 (10/00)

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: *Hamid R. Salehi* **Hamid R. SALEHI** Jan-14-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(954) 437-3960