

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90159 002 ****61.25

DOCUMENT # N99000004734

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF WESTON, FL.

Principal Place of Business

Mailing Address

**470 LAKETREE DR.
 WESTON FL 33326**

**P.O. BOX 266293
 WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAHMANI, SHEREEN BAHAI
 4010 TURQUOISE TRAIL
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ASBAGHI, VIVIAN MRS.**
 STREET ADDRESS **470 LAKETREE DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
 NAME **QUALLS, WILLIAM**
 STREET ADDRESS **16340 S. POST ROAD #104**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE **T** ☒ Delete
 NAME **BRAITHWAITE, CARLA B MRS.**
 STREET ADDRESS **3272 MURFIELD**
 CITY-ST-ZIP **WESTON FL 33332**

TITLE **C** ☐ Delete
 NAME **BRAITHWAITE, SYLVESTER DR.**
 STREET ADDRESS **3272 MURFIELD**
 CITY-ST-ZIP **WESTON FL 33332**

TITLE **VP** ☐ Delete
 NAME **RAHMANI, MISSAGH MR.**
 STREET ADDRESS **4010 TURQUOISE TRAIL**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE **S** ☐ Delete
 NAME **FALLAH, ROYA G MRS.**
 STREET ADDRESS **1004 PINE BRANCH**
 CITY-ST-ZIP **WESTON FL 33326**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
 NAME **Siamak Varnamkhasti**
 STREET ADDRESS **2092 Island Circle**
 CITY-ST-ZIP **Weston FL 33326**

TITLE **D** ☐ Change ☒ Addition
 NAME **Shereen Bahai Rahmani**
 STREET ADDRESS **4010 Turquoise Trail**
 CITY-ST-ZIP **Weston FL 33331**

TITLE **D** ☒ Change ☐ Addition
 NAME **Braithwaite, Carla B. Mrs**
 STREET ADDRESS **3272 Murfield**
 CITY-ST-ZIP **Weston FL 33332**

TITLE **D** ☐ Change ☒ Addition
 NAME **Michelle Arias**
 STREET ADDRESS **1255 Fairlake Trace #302**
 CITY-ST-ZIP **Weston FL 33326**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **S. Bahai Rahmani** 4/23/01 (954) 385-8863

CR2E037 (10/00)