2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2002 8:00 AM
Secretary of State

DOCUMENT# N99000004734

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF WESTON, FL, INC.

Current Principal Place of Business:

470 LAKETREE DR.
WESTON, FL 33326

New Principal Place of Business:

2092 ISLAND CIRCLE
WESTON, FL 33326

Current Mailing Address:

P.O. BOX 266293
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0934293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VARNAMKHASTI, SIAMAK H
2092 ISLAND CIRCLE
WESTON, FL 33326 US

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: SIAMAK H. VARNAMKHASTI 02/02/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ASBAGHI, VIVIAN MRS.	
Address:	470 LAKETREE DRIVE	
City-St-Zip:	WESTON, FL 33326 US	
Title:	T	( ) Delete
Name:	VARNAMKHASTI, SIAMAK	
Address:	2092 ISLAND CIRCLE	
City-St-Zip:	WESTON, FL 33326 US	
Title:	D	( ) Delete
Name:	BAHAI RAHMANI, SHEREEN	
Address:	4010 TURQUOISE TRAIL	
City-St-Zip:	WESTON, FL 33331 US	
Title:	C	( ) Delete
Name:	BRAITHWAITE, SYLVESTER DR.	
Address:	3272 MURFIELD	
City-St-Zip:	WESTON, FL 33332 US	
Title:	VP	( ) Delete
Name:	RAHMANI, MISSAGH MR.	
Address:	4010 TURQUOISE TRAIL	
City-St-Zip:	WESTON, FL 33331 US	
Title:	S	( ) Delete
Name:	FALLAH, ROYA G MRS.	
Address:	1004 PINE BRANCH	
City-St-Zip:	WESTON, FL 33326 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	VARNAMKHASTI, SIAMAK H	
Address:	2092 ISLAND CIRCLE	
City-St-Zip:	WESTON, FL 33326 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIAMAK H. VARNAMKHASTI T 02/02/2002
Electronic Signature of Signing Officer or Director Date