

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0140333 SP

DOCUMENT # P00000080539

1. Entity Name
PIROUZ, INC.

04-30-2001 90006 041 ***150.00
 09-05-2001 90010 008 ***550.00

L0075943



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
404 Jenks Avenue 404 Jenks Avenue
PANAMA CITY FL 32401 PANAMA CITY FL 32401

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 **59-3716298** Applied For Not Applicable

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

GIOIELLO, JOHN L
404 Jenks Avenue
PANAMA CITY FL 32401

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 (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME **D PIROUZ, MASOUD**
 STREET ADDRESS **2313 EDMERE LAKE CIR NE**
 CITY-ST-ZIP **MARIETTA GA 30062**

TITLE Change Addition
 NAME **D PIROUZ, MASOUD**
 STREET ADDRESS **P.O. Box 1223**
 CITY-ST-ZIP **NORCROSS GA 30091**

TITLE Delete
 NAME **D PIROUZ, BEHROUZ**
 STREET ADDRESS **1310 MILSTEAD TRACE**
 CITY-ST-ZIP **MARIETTA GA 30066**

TITLE Change Addition
 NAME **D PIROUZ, BEHROUZ**
 STREET ADDRESS **P.O. Box 1223**
 CITY-ST-ZIP **NORCROSS, GA 30091**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/24/01** Daytime Phone #

CR2E034 (5/01)