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2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

Sep 13, 2001 8:00 am Secretary of State ALI BABA FLOORING OUTLET, INC. 09-13-2001 90032 001 ***150.00 09-13-2001 90032 002 *****8.75 Principal Place of Business Mailing Address 1501 KELLY 1501 N KELLY KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3292887 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALEHI, PARHAM Street Address (P.O. Box Number is Not Acceptable) 2484 PARSON POND CR KISSIMMEE'FL 34743 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE CR2E034 (5/01) ☐ Delete Change Addition KeikAvous D. Salehi NAME SALEHI, KEIKAVOUS D NAME 1501 N KELLEY AVE STREET ADDRESS STREET ADDRESS 1501 N. Kelley Ave KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, 21.34744 TITLE ☐ Delete TITLE ☐ Addition Change SADATH ENDI, Fatemen SADATHENDI, FATEMEH NAME NAME STREET ADDRESS 1501 N. Kelley Ark 1501 N KELLEY AVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP Kissinmee, 21. 34744 Delete TITLE DVP TITLE Change ☐ Addition Salehi, Parham 2484 Parson Pono Cr NAME SALEHI, PARHAM NAME STREET ADDRESS 2484 PARSONS POND CR. STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-7IP TITLE ☐ Delete TITLE Change Change NANCY Gorshoft Ave NAME GORSHOFF, NANCY NAME STREET ADDRESS 1501 N KELLEY AVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP Kissimmee. TITLE ☐ Delete TIT1 F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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