

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058747

1. Entity Name

REZA AZARI SAMANI, DDS, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90070 025 ***150.00

Principal Place of Business

Mailing Address

1052 UNIVERSITY BLVD., N.
 JACKSONVILLE FL 32211

1052 UNIVERSITY BLVD., N.
 JACKSONVILLE FL 32211-5532

2. Principal Place of Business

3. Mailing Address

8262 Riding club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Jacksonville, FL

4. FEI Number 59-3461406

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMANI, REZA A
 1052 UNIVERSITY BLVD N
 JACKSONVILLE FL 32211

Name

Reza Azari-Samani

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

8262 Riding club Rd

City

Jacksonville

FL

Zip Code

32256

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	SAMANI, M. REZA AZARI	
STREET ADDRESS	1052 UNIVERSITY BLVD, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAHEDI, MARZIEH	
STREET ADDRESS	1052 UNIVERSITY BLVD, NO	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Reza Azari-Samani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(904)992-8900

Daytime Phone #

CR2E034 (9/99)