

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90006 029 ***550.00

DOCUMENT # P97000058747

1. Entity Name
REZA AZARI SAMANI, DDS, P.A.

Principal Place of Business
**1052 UNIVERSITY BLVD. N.
 JACKSONVILLE FL 32211**

Mailing Address
**8262 RIDING CLUB RD
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business
14444 Beach Blvd.

3. Mailing Address
Same.

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number **59-3461406**

Applied For
 Not Applicable

Zip Country
32250 USA

Zip Country

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

**AZARI-SAMANI, REZA
 8262 RIDING CLUB RD
 JACKSONVILLE FL 32256**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMANI, M. REZA AZARI 1052 UNIVERSITY BLVD, N. JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	change of address only <input type="checkbox"/> Change <input type="checkbox"/> Addition 14444 Beach Blvd, suite 401 Jacksonville, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAHEDI, MARZIEH 1052 UNIVERSITY BLVD, NO JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Samani, officer** 8-1-01 (904) 992-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

CR2E034 (5/01)