

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083810

1. Entity Name

PERSIAN PRINCESS INTERNATIONAL, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90081 042 ***150.00

Principal Place of Business

Mailing Address

1500 Ocean DR Suite 706
500 SE MIAMI BOULEVARD, PH7
MIAMI SOUTH BEACH FL 33139

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

65-0868044

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

PIETRO, PERCI

500 SE MIAMI BOULEVARD, PH7

MIAMI

BOCA RATON FL 33132

1500 Ocean DR Suite 706
Miami South Beach
Florida 33139

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

Signature, typed or printed name of registered agent and title if applicable

(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 \$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 DP
NAME PIETRO, PERCI
STREET ADDRESS 500 SE MIAMI BOULEVARD, PH7
CITY-ST-ZIP BOCA RATON FL 33132

☐ Delete

TITLE D
NAME SHAKOORI, SHANAZ
STREET ADDRESS 3131 S. RIDGE DR
CITY-ST-ZIP AKAON OH 44333

☐ Delete

TITLE D
NAME RAFECAS, JOSE MD
STREET ADDRESS 3131 S. RIDGE DR
CITY-ST-ZIP AKAON OH 44333

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000 (330)666-8455
Date Daytime Phone #