

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90017 026 \*\*\*\*70.00

**DOCUMENT #** N99000004550

1. Entity Name

G & G DAREHSHORI FOUNDATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business  
 979 EAST GULF DRIVE

3. Mailing Address  
 2402 PALM RIDGE ROAD

Suite, Apt. #, etc.  
 UNIT 514

Suite, Apt. #, etc.  
 PMB 155

City & State  
 SANIBEL ISLAND, FL

City & State  
 SANIBEL ISLAND, FL

Zip  
 33957-6937

Country  
 USA

Zip  
 33957-3222

Country  
 USA

4. FEI Number  
 65-0937170

Applied For  
 Not Applicable

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

JEROLD S. STERN  
 PO BOX 112  
 695 TARPON BAY ROAD #2  
 SANIBEL ISLAND, FL 33957

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	SARA DAREHSHORI	
STREET ADDRESS	2166 BROADWAY #12A	
CITY - ST - ZIP	NEW YORK NY 10024	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	GEORGIA DAREHSHORI	
STREET ADDRESS	979 E. GULF DRIVE #514	
CITY - ST - ZIP	SANIBEL ISLAND, FL 33957	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	JASON RANN	
STREET ADDRESS	c/o PENINSULA POLYMERS 9401 INDIAN CR PKWY	
CITY - ST - ZIP	SUITE 730, OVERLAND PARK KS 66210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHOHI DAREHSHORI	
STREET ADDRESS	2402 PALM RIDGE RD #155	
CITY - ST - ZIP	SANIBEL ISLAND, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASSRA DAREHSHORI	
STREET ADDRESS	9401 INDIAN CREEK PKWY #730	
CITY - ST - ZIP	OVERLAND PARK, FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

JASON RANN, SECRETARY

7/2/00

(913) 498-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #