

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90024 039 ***150.00

011908 AV

DOCUMENT # G54528

1. Entity Name

PARIS ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 536401
 ORLANDO FL 32853-3401**

Mailing Address

**P.O. BOX 536401
 ORLANDO FL 32853-3401**

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

59-2339906

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

**TOWNSEND, FRANK M., ESQ.
 520 W. EMMETT ST
 KISSIMMEE FL 32741**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P SABETI, PARVIZ P.O. BOX 536401 N/A ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARDIS SABETI 5367 VINELAND ROAD ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARISA, SABETI 5367 VINELAND RD. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAFFARPO, HASRIN 3572 LANSMERE LANE ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: PARVIZ SABETI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

Date

407-876 6059

Daytime Phone #

CR2E034 (9/01)