

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 002 ***150.00

DOCUMENT # **P98000083810**

1. Entity Name

Persian Princess International, inc.

DO NOT WRITE IN THIS SPACE

752145

2. Principal Place of Business

Miami Beach, FL

Suite, Apt. #, etc.

Suite 706

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Address

1500 Ocean Drive

Suite, Apt. #, etc.

Suite 706

City & State

Miami Beach, FL

Zip

33139

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Perci Pietro

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

1500 Ocean Drive

Suite 706

City

Miami Beach

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

pres 03/13/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$180.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **Director/President**
NAME **Perci Pietro**
STREET ADDRESS **1500 Ocean Drive - Suite 706**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Shanaz Shakhori**
STREET ADDRESS **3131 South Ridge Drive**
CITY-ST-ZIP **Akron, OH 44333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Jose Rafecas**
STREET ADDRESS **3131 South Ridge Drive**
CITY-ST-ZIP **Akron, OH 44333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres 03/13/02

Date

Daytime Phone #

CR2E034B (12/01)