

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91752 014 \*\*\*\*61.25

DOCUMENT # N99000004550

1. Entity Name

G & G DAREHSHORI FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

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

Country

Zip  
33957

Country

4. FEI Number  
65-0937170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JERROLD S. STERN

Street Address (P.O. Box Number is Not Acceptable)  
695 TARPON BAY ROAD # 2

City  
SANIBEL ISLAND, FL FL Zip Code  
33957

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

**FEE IS \$81.25**  
Initial or Amended UBR

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  
VICE PRESIDENT/DIRECTOR  
NAME  
GEORGIA DAREHSHORI  
STREET ADDRESS  
2402 PALM RIDGE ROAD, #155  
CITY-ST-ZIP  
SANIBEL ISLAND, FL 33957

TITLE  
DIRECTOR  
NAME  
GHOLI DAREHSHORI  
STREET ADDRESS  
2402 PALM RIDGE ROAD, # 155  
CITY-ST-ZIP  
SANIBEL ISLAND, FL 33957

TITLE  
PRESIDENT  
NAME  
SARA DAREHSHORI  
STREET ADDRESS  
2166 BROADWAY, #12A  
CITY-ST-ZIP  
NEW YORK, NY 10024

TITLE  
DIRECTOR  
NAME  
KASSRA DAREHSHORI  
STREET ADDRESS  
9401 INDIAN CREEK PKWY, #730  
CITY-ST-ZIP  
OVERLAND PARK, KS 66210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02

Date

Daytime Phone #

CR2E037B (12/01)