

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629026

1. Entity Name

CARMEL CRAFTS CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90328 046 ***150.00

Principal Place of Business

2145 LINCOLN AVE.
#2145
OPA LOCKA FL 33054
US

Mailing Address

616 23RD ST NW
WINTER HAVEN FL 33880

2. Principal Place of Business

619 MAGNOLIA AVE

Suite, Apt. #, etc.

619

3. Mailing Address

P.O. BOX 1314

Suite, Apt. #, etc.

P.O. BOX 1314

City & State

Guburndale FL

City & State

Guburndale FL

Zip

33823

Country

US

Zip

33823

Country

US

4. FEI Number

65-0478079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHDI, ASCHI M
1740 NE 176 ST.
N. MIAMI BCH. FL 33162

7. Name and Address of New Registered Agent

Name

MEHDI ASHCHI M

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

16088 HAMMER LANE CT. WEST

Deercreek

City

JACKSONVILLE

State

FL

Zip Code

32256

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 re-registering)

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASHCHI, TOWFIGH	
STREET ADDRESS	616 23RD ST NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	ASHCHI, MEHDI	
STREET ADDRESS	1740 NE 176TH ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASHCHI, MAJDI	
STREET ADDRESS	9929 ORCHARD HILL RD DEERCREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHCHI, MASSAN	
STREET ADDRESS	616 23RD STREET NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAKI ASHCHI	
STREET ADDRESS	616 23RD ST NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
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		

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:

Towfigh Ashchi TOWFIGH ASHCHI

04/19/01 (863) 299-1822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)