

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91223 030 \*\*\*150.00

**DOCUMENT # 629026**

1. Entity Name  
**CARMEL CRAFTS CORPORATION**

Principal Place of Business

**619 MAGNOLIA AVE  
 619  
 AUBURNDALE FL 33823  
 US**

Mailing Address

**P.O. BOX 1314  
 AUBURNDALE FL 33823**

2. Principal Place of Business

**8477 S. GRAYLING Drive**

3. Mailing Address

Suite, Apt. #, etc.  
**P.O. BOX 24625**

Suite, Apt. #, etc.

**8477**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

Country

**32256**

**US**

Zip

Country

**32241**

**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  
 10088 HEATHER LAKE CT. WEST  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

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

*Towfigh Ashchi*  
 Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

**04/28/02**  
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCHI, TOWFIGH	
STREET ADDRESS	8477 S. GRAYLING Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCHI, MEHDI	
STREET ADDRESS	10088 Heather Lake CT. West	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/02**  
 Date

**(904) 996-9052**  
 Daytime Phone #

CR2E034 (9/01)