

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90014 044 \*\*\*158.75

**DOCUMENT # 854167**

1. Entity Name  
**PENNFO 1792, INC.**

Principal Place of Business  
**P.O. BOX 3258**  
**NAPLES FL 34106-258**  
**US**

Mailing Address  
**P.O. BOX 3258**  
**NAPLES FL 34106-258**  
**US**

**910356**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Florida - Lee- Collier Co.**

Suite, Apt. #, etc.  
**557 TIERRA MAR LN. W.**

City & State  
**NAPLES FL**

Zip  
**34108**

Country  
**U.S.A.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**557 TIERRA MAR LN W**

City & State  
**NAPLES FL**

Zip  
**34108**

Country  
**U.S.A.**

4. FEI Number **59-2204879**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

**PEZESHKAN, F F**  
**2606 S HORSESHOE DR**  
**NAPLES FL 34104**

**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 \_\_\_\_\_  
 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABII, FEREDDOON</b>	NAME	
STREET ADDRESS	<b>557 TIERRA MAR LN W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHAJAVI, AMIR-MEHD</b>	NAME	
STREET ADDRESS	<b>408 SOUTH ROBERTS RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRYN MAWR PA</b>	CITY-ST-ZIP	
TITLE	<b>BERWIN PA</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1933</b>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **FEREDDOON RABII** **President** **1-26-2001** **941 592 9552**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)