

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2001 90014 044 ***158.75

05-00465

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.

3. Mailing Address

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

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number **59-2204879**

Applied For
 Not Applicable

Zip
34108

Country
U.S.A.

Zip
34108

Country
U.S.A.

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RABII, FERAYDOON	
STREET ADDRESS	557 TIERRA MAR LN W	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	S	<input type="checkbox"/> Delete
NAME	KHAJAVI, AMIR-MEHDI	
STREET ADDRESS	408 SOUTH ROBERTS RD.	<i>500 Berwin Baptist Church Road</i>
CITY-ST-ZIP	BRYN MAWR PA	<i>Chamon B BERWIN PA 19333</i>
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *FERAYDOON 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)