

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

01-30-2002 90025 029 ***150.00

DOCUMENT # F80904

1. Entity Name

A & M SERVICE, INC., OF ALLANDALE

Principal Place of Business

**5286 S US 1
 ALLANDALE FL 32127**

Mailing Address

**P.O. BOX 238010
 ALLANDALE FL 32123**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2012235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRZAI-BARZI, AKBAR
 5286 RIDGEWOOD AVE
 ALLENDALE FL 32127**

Name

**AKBAR MIRZAI BARZI
 P.O. BOX 8102 5286 WEST PARK DRIVE
 PORT ORANGE FL 32127**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **MIRZAI-BARZI, AKBAR**
 CITY-ST-ZIP **5286 RIDGEWOOD AVE
 ALLANDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **MIRZAI-BARZI, AKBAR**
 CITY-ST-ZIP **5286 RIDGEWOOD AVE
 ALLANDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

AKBAR MIRZAI BARZI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

52867880965
 Daytime Phone #

CR2E034 (4/02)

Attachment

42531
F80904

attn: MR. Justin
as we talk on the
phone - 9, 9, 02
I Pd 150.00 the I was supposed
Thank you (Jan, 02)