

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003109

1. Entity Name

MAKTAB TARIGHE OVEYSSI SHAH MAGHSOUDI CORPORATIO

Principal Place of Business

2200 W. BURBANK BL.
BURBANK CA 91506
US

Mailing Address

2200 W. BURBANK BL.
BURBANK CA 91506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2495240

Applied For

Not Applicable

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

KHOROMI, SUZAN
4211 CHATHAM OAK CORT. #24
TAMPA FL 33624

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME MADANI, SEYED H
STREET ADDRESS 3304 OMAR LANE
CITY-ST-ZIP PLANO TX 75023 ☐ Delete

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

TITLE VPCT
NAME KHOROMI, EARNAZ
STREET ADDRESS 5141 RENAISSANCE AVE
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

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

TITLE ST
NAME MOTTAGHI, ALIREZA
STREET ADDRESS 4084 CRYSTAL DAWN LN. #105
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

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

TITLE ATT
NAME KHOROMI, PARVIN
STREET ADDRESS 3604 TERRACE DR.
CITY-ST-ZIP ANNANDALE VA ☐ Delete

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

TITLE AST
NAME SHASHAANI, AVIDEH
STREET ADDRESS 4601 NORTH PARK BLVD. #1410
CITY-ST-ZIP CHEVY CHASE MD ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 (88)8414193

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90588 047 ****61.25

10004



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)