## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # G91744** 1. Entity Name FARGO INVESTMENTS, INC. 04-24-2001 90307 006 \*\*\*150 00 Mailing Address Principal Place of Business P.O. BOX 372337 P.O. BOX 372337 SATELLITE BEACH FL 32937 1 V V 1 V SATELLITE BEACH FL 32937 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2411857 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANAPOOR, SHAROOZ Street Address (P.O. Box Number is Not Acceptable) 600 1ST AVE SATELLITE BEACH FL 32937 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PD ☐ Delete TITLE. TITLE NAME BANAPOOR, SHAHROOZ NAME STREET ADDRESS STREET ADDRESS 3660 TURTLE MOUND RD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Delete TITLE TITLE Banapoor BANAPOOR, SHAHRAM NAME NAME 3755 Tranquility STREET ADDRESS STREET ADDRESS 111 EDEN AVE CITY-ST-ZIP CITY-ST-ZIP Metbourn SATELLITE BEACH FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

I hereby certify that the information supplied with this filling 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 additional statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR