

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88300

1. Entity Name
CASPIAN OF VOLUSIA COUNTY, INC.

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90011 002 ***150.00

0018460 AV

Principal Place of Business
138 W. GRANADA BLVD
ORMOND BEACH FL 32174

Mailing Address
138 W. GRANADA BLVD
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

DUNKIN DONUTS (BAKERY)
2. Principal Place of Business
LOCATION
Suite, Apt. #, etc.
20 S. NOVARO
City & State
ORMOND BEACH, FL
Zip
32174 Country
U.S.A

3. Mailing Address
138 W. GRANADA BLVD
Suite, Apt. #, etc.
ORMOND BEACH, FL
City & State
Zip
32174 Country
U.S.A

4. FEI Number **59-2606426** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARZAN-RAD, MOHAMED
346 CORNELL DRIVE
DAYTONA BEACH FL 32018

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	FARZAN-RAD, MOHAMED	
STREET ADDRESS	346 CORNELL DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AFSHARI, MOHAMED REZA	
STREET ADDRESS	26 AMSDEN RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARZANFRAD, REZA	
STREET ADDRESS	346 CORNELL DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		
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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/02 386-673-8317
Date Daytime Phone #

CR2E034 (9/01)