

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90295 001 ***150.00

0019665 AV

DOCUMENT # H88300

1. Entity Name
CASPIAN OF VOLUSIA COUNTY, INC.



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

Mailing Address
**138 W. GRANADA BLVD
ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

Same
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2606426**

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

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

Name **FARZAN RAD, MOHAMMAD**

Street Address (P.O. Box Number is Not Acceptable)

346 CORNELL DRIVE

City **DAYTONA BEACH FL** Zip Code **32118**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FARZAN-RAD, MOHAMED - MOHAMMAD**
STREET ADDRESS **346 CORNELL DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL**
wrong spelling

TITLE ☐ Change ☐ Addition
NAME **just correct spelling**
STREET ADDRESS **←**
CITY-ST-ZIP **←**

TITLE **SD** ☐ Delete
NAME **MOHAMMAD AFSHARI, MOHAMED REZA - wrong spelling**
STREET ADDRESS **26 AMSDEN RD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Change ☐ Addition
NAME **just correct spelling**
STREET ADDRESS **←**
CITY-ST-ZIP **←**

TITLE **V** ☐ Delete
NAME **FARZANFRAD, REZA - wrong spelling**
STREET ADDRESS **346 CORNELL DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**
FARZANRAD

TITLE ☐ Change ☐ Addition
NAME **just correct spelling**
STREET ADDRESS **←**
CITY-ST-ZIP **←**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 607, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)