## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # H88305** 1. Entity Name KAVIR. INC. 01-20-2000 90244 013 \*\*\*150.00 Mailing Address Principal Place of Business 20 SOUTH NOVA ROAD 346 CORNELL DRIVE DAYTONA BEACH FL 32118-3226 ORMOND BEACH FL 32174-6101 Λυσσσσσο 2. Principal Place of Business 3. Mailing Address 38 W. GRANIADA RIVD 20S. KOVA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2606428 Not Applicable \$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 REZA-ATSHARI, MOHAMED Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH NOVA ROAD ORMOND BEACH FL 32174 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRFCTORS IN 1; 11. PRESIDENT Addition TITLE Delete TITLE MATT M. FARZAN RY FARZAN-RAD, MOHAMED ♦~\♠\\\ NAME NAME 346 CORNEll DR STREET ADDRESS 346 CORNELL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete TITLE TITLE AFSHARI, MOHAMED REZA NAME MOHAMMAD REZA NAME SOM TO POPULATION STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jeroco Pi CITY-ST-ZIP TITLE ☐ Delete REZA FARZAN RAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEACH □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1-6-200 (904)673-8317