

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90229 020 ***150.00

DOCUMENT # H88305

1. Entity Name
KAVIR, INC.



Principal Place of Business
**20 S. NOVA ROAD
ORMOND BEACH FL 32174
US**

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

2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2606428**

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

**REZA-ATSHARI, MOHAMED
20 SOUTH NOVA ROAD
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name **LOLA M. FARZANRAD**
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 **LOLA M. FARZANRAD**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/03
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 **\$5.00 May Be Added to Fees**
~~Trust Fund Contribution~~

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FARZANRAD, LOLA M**
STREET ADDRESS **138 W. GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S** ☐ Delete
NAME **FARZANRAD, MATT M**
STREET ADDRESS **138 W. GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ Delete
NAME **REZA, FARZAN RAD**
STREET ADDRESS **138 W. GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **LOLA M. FARZANRAD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 (384)
Date Daytime Phone # **6738317**

CR2E034 (10/02)