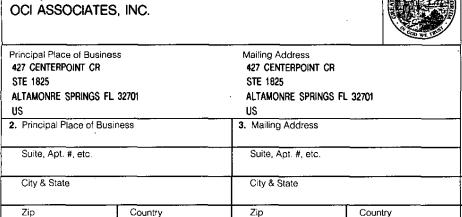
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

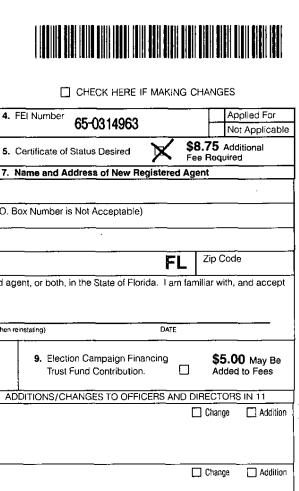
J86780

1. Entity Name



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90323 015 ***158.75



						00 00 14000		No	t Applicable
Zip	Country	Zip	Countr	у	5. C	ertificate of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current F	7. Name and Address of New Registered Agent							
KAZEMINIA	Name Street Address (P.O. Box Number is Not Acceptable)								
427 WHO									
ALTAMON [*]	TE SPRINGS FL 32701					•			
		,		City	_		FL	Zip Code)
the obligation	named entity submits this statement for ons of registered agent.		its registered	d office or regis	stered age	nt, or both, in the State of Florida	a. I am far	niliar with, a	and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. (f	NOTE: Registered	Agent signature requ	uired when rein	estating)	DATE		
Fil After Make Check				Election Campaign Finance Trust Fund Contribution.	cing		0 May Be to Fees		
10.	OFFICERS AND E	DIRECTORS	11.		ADE	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	IN 11
NAME STREET ADDRESS	PTD Kazeminia, amir 113 Oak Leaf Lane Longwood Fl 32779	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L.I Delete	NAME STREET CITY-S	r address	·		<u></u> [☐-Change —	→ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP			[☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S					☐ Change	Addition
12. I hereby ce	ertify that the information supplied with	he ling does not qualify	for the exem	ption stated in	Section 1	19.07(3)(i), Florida Statutes. I fur	ther certify	y that the in	formation

d <u>that my sig</u>nature shall have the same legal effect as if made under oath; that I am an officer or director Teport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or trustee e changed, or on an attachment with an addr

SIGNATURE: