

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90128 028 ***550.00

DOCUMENT # K68795

1. Entity Name
UNION STATION CHARBURGERS, INC.



Principal Place of Business
500 SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250
US

Mailing Address
500 SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. **326** **Evansdale Rd**
Lake Mary, FL 32746
City & St
Zip

PO Box 950459
Lake Mary, FL 32795-0459

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0179854**

Applied For
Not Applicable

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

FARZIN, DARABI
500 SOUTH 3RD ST.
JACKSONVILLE BEACH FL 32250

Name
James Cook
Street
326 Evansdale Rd 46
Lake Mary, FL 32746
City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DARABI, FARZIN**
STREET ADDRESS **63 BEACH AVENUE**
CITY-ST-ZIP **ATLANTIC BCH. FL**

TITLE ☐ Change ☒ Addition
NAME **Chief Executive Officer**
STREET ADDRESS **James Cook**
CITY-ST-ZIP **326 Evansdale Rd 46**
Lake Mary, FL 32746

TITLE **VP** ☐ Delete
NAME **DARABI, FRANK**
STREET ADDRESS **5519 N.W. 91ST BLVD.**
CITY-ST-ZIP **GAINSVILLE FL**

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

TITLE **STD** ☐ Delete
NAME **PARTOW, RAMIN**
STREET ADDRESS **335 ELEVENTH ST.**
CITY-ST-ZIP **ATLANTIC BCH. FL**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)