2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90055 042 ***158.75

DOCUMENT # L83749

1. Entity Name
BROUMAND INTERNATIONAL TWO, INC.

Principal Place of Business	Mailing Address
8435 BERMUDA DUNES ORLANDO FL 32819 US	8435 BERMUDA DUNES ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2008 Driftwood DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. Fullerton
City & State	City & State CA
Zip / Country	Zip 92831 / Country U.S

4. FEI Number 59-3377078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROUMAND, ANOOSH
8435 BERMUDA DUNES
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name ANOOSH BROUMAND
Street Address (P.O. Box Number is Not Acceptable) [illegible] Same
City [illegible] FL 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANOUCHEHR, BROUMAND 8435 BERMUDA PONES ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manouchehr Broumand 2008 Driftwood Dr Fullerton CA 92831 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANOUCHEHR-BROUMAND M.Broumand [signature] Date 3/20/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR