

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90158 047 \*\*\*150.00

**DOCUMENT # M62872**

**1. Entity Name**  
**CASPIAN DEVELOPMENT INC.**

**Principal Place of Business**

~~C/O HAMID R. ABBASSI~~ **RAY**  
**2000 S. DIXIE HWY., STE. 100**  
**MIAMI FL 33133**

**Mailing Address**

~~C/O HAMID R. ABBASSI~~ **RAY**  
**2000 S. DIXIE HWY., STE. 100**  
**MIAMI FL 33133**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0275179**

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**

**ABBASSI, HAMID R.**  
**2000 S. DIXIE HWY**  
**SUITE 100**  
**MIAMI FL 33133**

**7. Name and Address of New Registered Agent**

Name **ABBASSI RAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2000 S. Dixie Hwy #100**  
**Miami FLA**  
 City **FL** Zip Code **33133**

**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, 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ABBASSI, HAMID R.</b>	
STREET ADDRESS	<b>2000 S. DIXIE HWY. #100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ABBASSI, MIKE</b>	
STREET ADDRESS	<b>2000 S DIXIE HWY #100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ABBASSI, HAMID R.</b>	
STREET ADDRESS	<b>2000 S. DIXIE HWY: #100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBASSI RAY (P)</b>	
STREET ADDRESS	<b>2000 S. Dixie Hwy #100</b>	
CITY-ST-ZIP	<b>Miami FL. 33133</b>	
TITLE	<b>ABBASSI Alex VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2000 S. Dixie Hwy #100</b>	
STREET ADDRESS	<b>Miami FL. 33133</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/02**  
 305-856-5858

CR2E034 (9/01)