

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 90857 046 ****61.25

DOCUMENT # N03126

1. Entity Name

**THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SEMINOL
E COUNTY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1672 KERSLEY CIRCLE
HEATHROW FL 32746
US**

**E COUNTY WEST
P.O. BOX 951211, N/A
LAKE MARY FL 32795-1211
US**

2. Principal Place of Business

3. Mailing Address

1810 MARKHAM WOODS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

Zip

Country

Zip

Country

32779

Seminole

4. FEI Number

36-2718769

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

AYADI, ROYA

**1672 KERSLEY CIRCLE
HEATHROW FL 32746**

Name

DAVID MARSHALL

Street Address (P.O. Box Number is Not Acceptable)

1810 MARKHAM WOODS RD

City

LONGWOOD

FL

Zip Code

32779

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

4-27-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LEVY, BENJAMIN**
STREET ADDRESS **121 DONEGAL AVE.**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **CD** ☐ Delete
NAME **AYADI, JAVID**
STREET ADDRESS **1672 KERSLEY CIRCLE**
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE **D** ☐ Delete
NAME **SADRI, LIDA**
STREET ADDRESS **412 WILDERNESS DR.**
CITY-ST-ZIP **LONGWOOD FL 32746**

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

TITLE **D** ☐ Delete
NAME **MARSHALL, ZEENA**
STREET ADDRESS **1810 MARKHAM WOODS RD**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☒ Delete
NAME **SAKHITABE, FARHAD**
STREET ADDRESS **1710 OVERLOOK DR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Change ☒ Addition
NAME **MARSHALL, DAVID**
STREET ADDRESS **1810 MARKHAM WOODS RD**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ Delete
NAME **LEVY-NELSON, MARTINE**
STREET ADDRESS **121 DONEGAL AVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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 #

4-27-02 401-444-9002

CR2E037 (9/01)