

2060 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04865

1. Entity Name

IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90024 023 ****61.25

Principal Place of Business

Mailing Address

14673 QUAIL TR CIR
ORLANDO FL 32837

14673 QUAIL TR CIR
ORLANDO FL 32837-7086

2. Principal Place of Business

3. Mailing Address

12515 WOOD LEA RD

12515 WOOD LEA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-2462018

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MAHLOUT, FARSHID
14673 QUAIL TR CIR
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name MOHAMAD K. MAZUJI

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

12515 WOOD LEA RD

City

TAVARES,

FL

Zip Code

32778

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

M. K. Mazuji, MD. President.

6-3-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME MAZOJI, MOHAMMAD K
STREET ADDRESS 12515 WOODLEA RD
CITY-ST-ZIP TAVARES FL 32770

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

TITLE VP ☐ Delete
NAME HAGHIGHI, REZA
STREET ADDRESS 2216 FAIRGLEN WAY
CITY-ST-ZIP WINTERPARK FL 32742

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

TITLE SD ☐ Delete
NAME ZAFEGANLO, ASHRAF
STREET ADDRESS 1027 JEROME WAY
CITY-ST-ZIP APOPKA FL 32703

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

TITLE TD ☒ Delete
NAME LIMAKI, HELEN KH
STREET ADDRESS 7009 TALLOW TREE LANE
CITY-ST-ZIP ORLANDO FL

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

TITLE DS ☐ Delete
NAME MAZUJI, MOHAMAD K.
STREET ADDRESS 12515 WOODLEA RD.
CITY-ST-ZIP TAVARES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M. K. Mazuji, MD. President.

6-3-00

352-343-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 11 037 (9/99)