

# 2001 UNIFORM BUSINESS REPORT-(UBR)

4/3/

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-03-2001 90016 035 \*\*\*\*61.25

DOCUMENT # N04865

1. Entity Name

IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

14673 QUAIL TR CIR  
ORLANDO FL 32837

14673 QUAIL TR CIR  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

12515 WOOD LEA RD  
Suite, Apt. #, etc.

12515 WOOD LEA RD  
Suite, Apt. #, etc.

City & State

TAVARES FL

City & State

TAVARES FL

4. FEI Number

59-2462018

Applied For

Not Applicable

Zip

32778

Country

LAKE

Zip

32778

Country

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAHLOWIT, FARSHID  
14873 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  
TAVARES  
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*  
Signature, typed or printed name of Registered Agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.28.01  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAZOJI, MOHAMMAD K	
STREET ADDRESS	12515 WOODLEA RD	
CITY-ST-ZIP	TAVARES FL 32770	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGHIGHI, REZA	
STREET ADDRESS	2216 FAIRGLEN WAY	
CITY-ST-ZIP	WINTERPARK FL 32742	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZAFQANLO, ASHRAF	
STREET ADDRESS	1027 JEROME WAY	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LIMAKI, HELEN KH	
STREET ADDRESS	7009 TALLOW TREE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAZUJI, MOHAMAD K.	
STREET ADDRESS	12515 WOODLEA RD.	
CITY-ST-ZIP	TAVARES FL	
TITLE	TO MOHAMAD HAMZEHLLOU	<input type="checkbox"/> Delete
NAME	1136	
STREET ADDRESS	BRANTLEY Estate Dr. Apt. 527	
CITY-ST-ZIP	SPRINGFIELD FL 32714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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

3.28.01

Date

Daytime Phone #

CR2037 (10/00)