

2001 UNIFORM BUSINESS REPORT (UBR)

08-24-2001 90003 025 *****61:25

N96000001014

FILED

01 SEP 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003189

DOCUMENT # N96000001014

1. Entity Name

IRANIAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

440 EAGLE CR.
CASSELBERRY FL 32707

Mailing Address

440 EAGLE CR.
CASSELBERRY FL 32707

2. Principal Place of Business

440 Eagle Cir

3. Mailing Address

440 Eagle Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

Zip

32707

Country

4. FEI Number

59-3381968

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

Name

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

City

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, 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

After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NOGHREKAR, MASOUD
440 EAGLE CR.
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

LS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHIDEH, VARZEGAR
440 EAGLE CR
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

D
ALLASVAND, KHOSRO
1575 LAWDAL CR
WINTER PARK FL 32792

☐ Delete

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CITY-ST-ZIP

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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:

MASSOUD NOGHREKAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug-16-01

Date

407 696 7072

Daytime Phone #

Massoud Noghrekar

CR2037 (5/01)