

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004439

1. Entity Name

IRANIAN PROFESSIONALS ASSOCIATION OF SOUTH FLORI

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90041 003 ****61.25

Principal Place of Business

Mailing Address

7225 N.W. 12 ST.
MIAMI FL 33126
US

IPASF
7225 N.W. 12 ST.
MIAMI FL 33125-5125
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0806047

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

MS. AZAM NEMATI
4000 CYPRESS GROVE WAY
#406
POMPANO BCH FL 33069

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

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 PD
NAME MALEK, ALIREZA
STREET ADDRESS 7225 NW 12 ST
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE VPD
NAME NEMATI, AZAM
STREET ADDRESS 4000 CYPRESS GROVE WAY #406
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE S
NAME HASSANZADEH, MASOUD
STREET ADDRESS 1370 W GULFVIEW DR
CITY-ST-ZIP HOLLYWOOD FL 33026 ☐ Delete

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

TITLE VP
NAME SALCHI, HAMID
STREET ADDRESS 7225 NW 12 ST
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE TD
NAME MAHALATI, ALI
STREET ADDRESS 7225 NW 12 ST
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 Alireza Malek

3/8/00

(954) 429-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)