2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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11/18/02--01075--015 **236.25

DOCUMENT # N96000004439

1. Entity Name: Iranian Professional Association of S. Florida

Principal Place of Business	Mailing Address
299 Alhambra Circle, Suite 404 Coral Gable, Florida 33134	

2. Principal Place of Business	3. Mailing Address
299 Alhambra circle	AS P.O.B.
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: F
Zip: 33134 Country: USA	Zip: Country:

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

4. FEI Number: ☐ 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
Safieh Javid / Secretary Treasurer 299 Alhambra Circle, Suite 404 Coral Gable, Fl. 33134	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: S. Javid — Sec. / Treasurer. — Aug. 21, 2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director ☐ Delete Dr. S.E. Behdi 4022 S. Cypress Dr. Pompano Beach, Fl. 33069	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President Director ☐ Delete Hamid Saleh 299 Alhambra circle, suite 404 Coral Gable, Fl. 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasarer Director ☐ Delete Reza Dehbozorgi 299 Alhambra circle suite 404 Coral Gable, Fl. 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Director ☐ Delete Ali Malek 299 Alhambra circle, Suite 404 Coral Gable, Fl. 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secr. / Treasurer Director ☐ Delete Safieh Javid 299 Alhambra circle, Suite 404 Coral Gable, Fl. 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Safieh Javid — Treasure. / Director. — (954)648-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #