

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006603

1. Entity Name

IRANIAN HERITAGE FOUNDATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90013 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

880 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

880 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176-7851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491169

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KATZ, PAUL B ESQ.  
1 FLORIDA PARK DRIVE SOUTH  
ATRIUM SUITE  
PALM COAST FL 32137

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 D ☐ Delete  
NAME ASLANI-FAR, ABBAS M.D.  
STREET ADDRESS 880 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE D ☐ Delete  
NAME ASLANI-FAR, AFSAR  
STREET ADDRESS 880 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE VP ☒ Delete  
NAME VASIGH, BIJAN P  
STREET ADDRESS 114 SHADOW CREEK WAY  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Change ☒ Addition  
NAME ARAM KHAZRAEE  
STREET ADDRESS 4251 SPRUCE CREEK RD, BLDG 2, STE D  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE S ☒ Delete  
NAME AMIRI, SHAHRAM P  
STREET ADDRESS 623 NORTH AMELIA AVE  
CITY-ST-ZIP DELAND FL 32724

TITLE D ☐ Change ☒ Addition  
NAME HABIB ESLAMI PHD  
STREET ADDRESS 1214 JUSTICE STREET  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete  
NAME KHATIBI, MANO PHD  
STREET ADDRESS PO BOX 12266  
CITY-ST-ZIP TALLAHASSEE FL 32317

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:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

Date

Daytime Phone #

CR2E037 (9/99)