

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90050 001 ***61.25

DOCUMENT # N97000006754

1. Entity Name

**MOOSA AND SHEILA EBRAHIMIAN AND FAMILY FOUNDATIO
N, INC.**

Principal Place of Business

Mailing Address

**18151 N.E. 31ST COURT
APT. 1201-C
BISCAYNE COVE FL 33160**

**18151 N.E. 31ST COURT
APT. 1201-C
BISCAYNE COVE FL 33160**

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

65-0797983

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

**EBRAHIMIAN, MOOSA
18151 N.E. 31ST COURT
APT. 1201-C
BISCAYNE COVE FL 33160**

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

1/28/02

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 **EBRAHIMIAN, MOOSA**
STREET ADDRESS **18151 N.E. 31 COURT APT. 1201-C**
CITY-ST-ZIP **NO. MIAMI FL 33160**

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

TITLE **D** ☐ Delete
NAME **EBRAHIMIAN, SHEILA**
STREET ADDRESS **18151 NE 31 COURT, APT #1201-C**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

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

TITLE **D** ☐ Delete
NAME **EBRAHIMIAN, ROBERT**
STREET ADDRESS **30 GRACE AVE, APT 1K**
CITY-ST-ZIP **GREAT NECK NY 11021**

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

TITLE ☐ Delete
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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:

MOOSA EBRAHIMIAN

1/28/02 312-3545254

CR2E037 (9/01)