NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91752 014 ****61.25

DOCUMENT # N99000004550

1. Entity Name
G & G DAREHSHORI FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
979 EAST GULF DRIVE	2402 PALM RIDGE ROAD
Suite, Apt. #, etc.: UNIT 514	Suite, Apt. #, etc.: PMB 155
City & State: SANIBEL ISLAND, FL	City & State: SANIBEL ISLAND, FL
Zip: 33957 Country:	Zip: 33957 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0937170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JERROLD S STERN

Street Address (P.O. Box Number is Not Acceptable): 695 TARPON BAY ROAD # 2

City: SANIBEL ISLAND, FL FL Zip Code: 33957

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	VICE PRESIDENT/DIRECTOR
NAME	GEORGIA DAREHSHORI
STREET ADDRESS	2402 PALM RIDGE ROAD, #155
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	DIRECTOR
NAME	GHOLI DAREHSHORI
STREET ADDRESS	2402 PALM RIDGE ROAD, # 155
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	PRESIDENT
NAME	SARA DAREHSHORI
STREET ADDRESS	2166 BROADWAY, #12A
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	DIRECTOR
NAME	KASSRA DAREHSHORI
STREET ADDRESS	9401 INDIAN CREEK PKWY, #730
CITY-ST-ZIP	OVERLAND PARK, KS 66210
TITLE	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jerrold S Darehshori 5/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #