

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90074 029 ***150.00

DOCUMENT # P00000060740

1. Entity Name
PERSIAN RUG GALLERY, INC.

Principal Place of Business

Mailing Address

~~10533 WEYBRIDGE DRIVE~~
TAMPA FL 33626

~~10533 WEYBRIDGE DRIVE~~
TAMPA FL 33626

2. Principal Place of Business

3. Mailing Address

3309 BAY TO BAY BLVD
 Suite, Apt. #, etc.

3309 BAY TO BAY BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL 33629

City & State
TAMPA

4. FEI Number
59-3666449

Applied For
 Not Applicable

Zip
33629

Country
HILLS

Zip
33629

Country
HILLS

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

~~BUTLER, W. JAMES~~
~~301 N. BELCHER ROAD~~
~~CLEARWATER FL 33765~~

Name
REZA ROGHANI

Street Address (P.O. Box Number is Not Acceptable)
3309 BAY TO BAY BLVD

City
TAMPA FL FL 33629

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]* **PRES** **2-20-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
~~TABRIZADEH, HAMID R~~
~~10533 WEYBRIDGE DRIVE~~
~~TAMPA FL 33626~~ ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRES REZA ROGHANI * Change ☒ Addition
3309 BAY TO BAY BLVD
TAMPA FL 33629

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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 CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/20/2001** **PRES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)