

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90498 034 ***150.00

DOCUMENT # P00000089403

1. Entity Name

ADVANCED MATURITY SERVICES, INC.

Principal Place of Business

1255 MASON AVENUE
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVENUE
DAYTONA BEACH FL 32117

2. Principal Place of Business

1548 John Anderson Dr
Suite, Apt. #, etc.

3. Mailing Address

1548 John Anderson Dr
Suite, Apt. #, etc.

City & State

Ormond Bch. FL
Zip 32176 Country USA

City & State

Ormond Bch FL
Zip 32176 Country USA

4. FEI Number

59-3673739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

IRAJ HIRMANPOUR

Street Address (P.O. Box Number is Not Acceptable)

1548 JOHN ANDERSON DRIVE

City

ORMOND Bch.

FL

Zip Code

32176

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRMANPOUR, IRAJ	
STREET ADDRESS	1255 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEATROSS, FRIEDA D	
STREET ADDRESS	1255 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1548 John Anderson Dr	
STREET ADDRESS	Ormond Bch. FL 32176	
CITY-ST-ZIP		
TITLE	-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1548 John Anderson Dr	
STREET ADDRESS	Ormond Bch. FL 32176	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.01

904-441-4322

Date

Daytime Phone #

CR2E034 (10/00)