

601 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092177

1. Entity Name

UNIVERSITY AMOCO ONE, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90018 011 ***150.00

Principal Place of Business

11299 UNIVERSITY BLVD.
ORLANDO FL 32817

Mailing Address

11299 UNIVERSITY BLVD.
ORLANDO FL 32817

80025490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 Semoran Blv.

3. Mailing Address

1389 Blackwillow Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apapa, Florida

City & State

Altamonte Springs, FL.

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

32703

Country

Seminole

Zip

32714

Country

Seminole

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASOODI, FARAMARZ
11299 UNIVERSITY BLVD.
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Siroos Pirzadeh

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

8524 BUCKLEY CT.

City

Orlando, FL.

FL

Zip Code

32817

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

4/3/01

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	D	<input type="checkbox"/> Delete
NAME	MASOODI, FARAMARZ	
STREET ADDRESS	11299 UNIVERSITY BLVD.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siroos Pirzadeh	
STREET ADDRESS	8524 BUCKLEY CT.	
CITY-ST-ZIP	Orlando, FL. 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01

407-595-5070

CR2034 (10/00)