

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**  
 07-24-2002 90133 009 \*\*\*158.75

**DOCUMENT #** P000000 99567

**1. Entity Name**  
 SUNCOAST VENTURES, INC

**Principal Place of Business** **Mailing Address**

↓ ↓

**2. Principal Place of Business** **3. Mailing Address**

1508 N OCEAN BLVD 2701 E ATLANTIC BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**

POMPADNO BEACH, FL POMPADNO BEACH, FL

**Zip** **Country** **Zip** **Country**

33062 USA 33062 USA

**4. FEI Number** **Applied For**

65-1055543 ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BITA LAVASANI  
 1508 N OCEAN BLVD  
 POMPADNO BEACH, FL 33062

**7. Name and Address of New Registered Agent**

**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** *Bita A. Lavasan* **BITA LAVASANI, REGISTERED AGENT** **7/20/02**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D/P/V/S/T	<input type="checkbox"/> Delete
<b>NAME</b>	ALI R. ZARGARAN	
<b>STREET ADDRESS</b>	2701 E ATLANTIC BLVD	
<b>CITY-ST-ZIP</b>	POMPADNO BEACH, FL 33062	
<b>TITLE</b>	ROBERT ISAACS	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	2701 E ATLANTIC BOULEVARD	
<b>STREET ADDRESS</b>	POMPADNO BEACH, FL 33062	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**PLEASE DELETE THIS PERSON AS OFFICER**

**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:** *ALI R. ZARGARAN* **PRESIDENT** **7/20/2002** **954 785 3451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

*Attachment*  
*# P00000099567*  
*122743*

Suncoast Ventures, Inc.  
2701 E. Atlantic Boulevard  
Pompano Beach, FL 33062

July 20, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

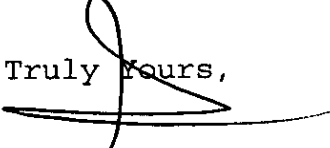
Re: Suncoast Ventures, Inc. (P00000099567) Annual Report

Dear Sir or Madam,

We have no record of receiving an annual report notice from your office for 2002. However, our accountant has prepared a blank form for us to submit so that our corporation will be up to date. Hence, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00 for 2002, and the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your annual report. Please note the registered agent change on the form. Thank you for your assistance.

Very Truly Yours,

  
Ali Reza Zargaran, President