## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000004081 **DOCUMENT #**



GHALEBI ENTERPRISES, INCORPORATED				04-28-2003 90193 027	130.00	
Principal Place of Business 3860 NW 58TH STREET COCONUT CREEK FL 33073		Mailing Address 3860 NW 58TH STREET COCONUT CREEK FL 33073			818/1 88/1 18/8 18/8 18/8	
2. Principal Place of Business		3. Mailing Address		TO THE HOLD BY THE RELIEF HIGH RENIES ENTITE CONTROL OF THE PRINT OF T		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1067459	Applied For Not Applicable	
Zip	Country	Zip	Country		<b>8.75</b> Additional se Required	
6. Name	and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent		
GHALEBI, MOHAMMAD 3860 NW 58TH STREET COCONUT CREEK FL 33073			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
the obligations of regist		he purpose of changing i	its registered office or registe	ered agent, or both, in the State of Florida. I am far	miliar with, and accept	
SIGNATURE Signature, typed	or printed name of registered agent and	title if applicable. (NO	OTE: Registered Agent signature require	ed when reinstating) DATE		
After May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of \$	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	

TITLE ☐ Delete TITLE ☐ Change Addition GHALEBI, MOHAMMAD NAME 3860 NW 58TH STREET STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS بؤء CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE-☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change TITLE ☐ Addition NAME NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-7IP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition