

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90207 035 ***150.00

DOCUMENT # P01000009755

1. Entity Name
MEHRBOD KHARAZI, DMD, PA

Principal Place of Business

**3121 SW 186 TERRACE
 MIRAMAR FL 33029**

Mailing Address

**3121 SW 186 TERRACE
 MIRAMAR FL 33029**

2. Principal Place of Business

3121 SW 186th TERR.

Suite, Apt. #, etc.

3. Mailing Address

3121 SW 186th TERR

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33029

Country

City & State

MIRAMAR FL

Zip

33029

Country

4. FEI Number

65-1070213

Applied For

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

**KHARAZI, MEHRBOD
 3121 SW 186 TERRACE
 MIRAMAR FL 33029**

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

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, 2002 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 **PRESIDENT** ☐ Delete
NAME **MEHRBOD KHARAZI**
STREET ADDRESS **3121 SW 186th TERR**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MEHRBOD KHARAZI**
STREET ADDRESS **3121 SW 186th Terr**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

m. Kharaizi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)