

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90210 018 \*\*\*150.00

**DOCUMENT # P01000018302**

1. Entity Name

AUTO MOTION & DRIVE, INC.



Principal Place of Business

815 N RIDGEWOOD  
DAYTINA BEACH FL

Mailing Address

955 TALL PINE DRIVE  
PORT ORANGE FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5898 TRAILWOOD DR.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL.

Zip

32127

Country

USA

4. FEI Number

22-3783042

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OKHOVATIAN, SHIRLEY A  
926 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☒ Delete  
NAME ZOMORODIAN, HAMID  
STREET ADDRESS 955 TALL PINE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VP ☒ Delete  
NAME ZOMORODIAN, HAMID  
STREET ADDRESS 955 TALL PINE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME FIROUZABADI FARZAD  
STREET ADDRESS 5898 TRAILWOOD DR.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VP ☒ Change ☐ Addition  
NAME FIROUZABADI FARZAD  
STREET ADDRESS 5898 TRAILWOOD DR.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE SEC. ☐ Change ☒ Addition  
NAME MUBAT JOSEPH  
STREET ADDRESS 90 N. GREENWAY DR.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: FIROUZABADI FARZAD FIROUZABADI 1/13/03 (386)257-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)