

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91554 007 ***158.75

DOCUMENT # P01000097309

1. Entity Name
ZURVAHN CORPORATION

Principal Place of Business

**7121 HIALEAH LANE
 PARKLAND FL 33067**

Mailing Address

**7121 HIALEAH LANE
 PARKLAND FL 33067**

2. Principal Place of Business

6601 LYONS ROAD

3. Mailing Address

6601 LYONS ROAD

Suite, Apt. #, etc.

BUILDING E1

Suite, Apt. #, etc.

BUILDING E1

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

65-1152355

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

SMITH, JOHN C

**4800 N FEDERAL HWY, SUITE A-207
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

BAHMAN KHOSHNOOD

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

6601 LYONS ROAD

BUILDING E1

City

COCONUT CREEK

FL

Zip Code

33073

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KHOSNOOD, BAHMAN**
 CITY-ST-ZIP **7121 HIALEAH LANE
 PARKLAND FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D.P.T.S**
 STREET ADDRESS **KHOSHNOOD, BAHMAN**
 CITY-ST-ZIP **6601 LYONS ROAD BLDG E1
 COCONUT CREEK, FL 33073**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **MARGUERITE IRVIN**
 CITY-ST-ZIP **6601 LYONS ROAD BLDG. E1
 COCONUT CREEK FL 33073**

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAHMAN KHOSHNOOD

Date

4/25/02

Daytime Phone #

954-570-5565

CR2E034 (9/01)