

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90011 031 ***150.00

0696244 FP

DOCUMENT # P02000024719

1. Entity Name
SADAF, INC.



Principal Place of Business
**3600 A2 SW ARCHER ROAD
GAINESVILLE FL 32604**

Mailing Address
**3600 A2 SW ARCHER ROAD
GAINESVILLE FL 32604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-JC18121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOKRI, ESMAIL
11404 1/2 NORTH 56TH STREET
TAMPA FL 33617**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHOKRI, ESMAIL**
STREET ADDRESS **11404 1/2 N 56TH STREET**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED *Esmael Shokri, Jan 20-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
F. Chandler Jones, Jr.
Certified Public Accountant

8025870
#02000624719

2531 N.W. 41ST ST., BUILDING E
GAINESVILLE, FLORIDA 32606

(352) 371-9400

MEMBER OF
AMERICAN AND FLORIDA
INSTITUTES OF
CERTIFIED PUBLIC ACCOUNTANTS

June 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Nirvan, Inc. and Sadaf, Inc.

Enclosed please find two 2003 Uniform Business Reports for the above-referenced corporations. These reports are delinquent due to the fact that the federal returns were extended and I just discovered that these reports had never been mailed when I began work on the tax return. Evidently, the owner of the corporations had expected me to mail these by May 1st, but I was unaware of that until today when I discovered them in the file.

I am kindly requesting that the \$400 penalty be abated in this situation, since it was of no fault of the taxpayer. We will make certain that these reports are timely filed in the future.

Thank you for your consideration of this matter.

Very truly yours,



F. Chandler Jones, Jr.
Certified Public Accountant