

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 020 ***150.00

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DOCUMENT # P02000117744

1. Entity Name
39TH AVE. IMPORTS, INC.



Principal Place of Business
**241 NE 39TH AVE
GAINESVILLE FL 32609**

Mailing Address
**241 NE 39TH AVE
GAINESVILLE FL 32609**

2. Principal Place of Business
241 N.E. 39th Ave.
Suite, Apt. #, etc.

3. Mailing Address
241 N.E. 39th Ave.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL

City & State
Gainesville FL

4. FEI Number
81-0577848

Applied For
☐ Not Applicable

Zip
32609 Country
Alachua

Zip
32609 Country
Alachua

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANIEL, THOMAS A
623 N MAIN ST
GAINESVILLE FL 33601**

7. Name and Address of New Registered Agent

Name
Thomas A. Daniel

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

623 N. Main St.

City
Gainesville FL Zip Code
33601

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 **Thomas A. Daniel**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NOEPARVAR, SHAHRIYAR S
4830 NW 43RD ST R 286
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYALI, HAMID
6914 NW 59TH ST
GAINESVILLE FL 32653** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAJALLI, HOMAYOUN
4315 NW 55TH WAY
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 OF RESHARIYAR S. Noeparvar 5-19-03 (352) 374-4883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)