

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 016 ***150.00

DOCUMENT # P02000118503

1. Entity Name
PERSIAN EMPIRE ENTERPRISES, INC.



Principal Place of Business
5697 REDBUG LAKE ROAD
WINTER SPRINGS FL 32708

Mailing Address
612 SILVER BIRCH PLACE
LONGWOOD FL 32750-8424

2. Principal Place of Business

1042 E. HWY. 50
Suite, Apt. #, etc.

3. Mailing Address

612 Silver Birch Pl.
Suite, Apt. #, etc.

City & State

Clermont, FL.

City & State

Longwood FL.

4. FEI Number

13-4219098

Applied For

Not Applicable

Zip
34711

Country

U.S.

Zip

32750

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 PSTD ☐ Delete
NAME ALAVI, FARNOOSH F
STREET ADDRESS 5697 REDBUG LAKE ROAD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE Secretary ☐ Delete
NAME KAMBIZ TAHERI
STREET ADDRESS 612 Silver Birch Pl.
CITY-ST-ZIP Longwood FL. 32750

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

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

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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: *Kambiz Taheri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/03 **Daytime Phone #** (407) 312-0504

CR2E034 (10/02)