

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90110 040 \*\*\*158.75

DOCUMENT # P92000001269

1. Entity Name  
Mehza, inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4540 SW 75 AVE

3. Mailing Address  
9226 SW 67<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number  
65-0369366

Applied For  
Not Applicable

Zip  
33155 Country  
Dade

Zip  
33156 Country  
Dade

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Mehrdad Heravi

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

9226 S.W. 67<sup>th</sup> AVE

City Miami **FL** Zip Code 33156

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 Mehrdad Heravi

4/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 President "P"  
NAME Mehrdad Heravi  
STREET ADDRESS 9226 S.W. 67 AVE  
CITY-ST-ZIP Miami FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President "V.P."  
NAME Zahly Heravi  
STREET ADDRESS 9226 S.W. 67 AVE  
CITY-ST-ZIP Miami FL 33156

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mehrdad Heravi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (305) 263-8084

Date

Daytime Phone #

CR2E034B (12/01)