

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002574

1. Entity Name

FLAMERS OF BOCA TOWNCENTER, INC.

Principal Place of Business

500 SOUTH 3RD ST.  
SUITE 201  
JACKSONVILLE FL 32250  
US

Mailing Address

500 SOUTH 3RD ST.  
SUITE 201  
JACKSONVILLE FL 32250  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE BCH FL 32250

City & State

JACKSONVILLE BCH FL 32250

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DARABI, FARZIN  
500 SOUTH 3RD ST.  
SUITE 201  
JACKSONVILLE FL 32250

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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          | PD              | <input type="checkbox"/> Delete |
| NAME           | DARABI, FARZIN  |                                 |
| STREET ADDRESS | 159 ELEVENTH ST |                                 |
| CITY-ST-ZIP    | ATLANTIC BCH FL |                                 |
| TITLE          | STD             | <input type="checkbox"/> Delete |
| NAME           | PARTOW, RAMIN   |                                 |
| STREET ADDRESS | 335 ELEVENTH ST |                                 |
| CITY-ST-ZIP    | ATLANTIC BCH FL |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

904-241-3737

Daytime Phone #

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90133 001 \*1,050.00



DO NOT WRITE IN THIS SPACE

0021503

CR2E034 (10/00)