

# 2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P93000036688

1. Entity Name  
**FALCON HOMES, INC.**

FILED

00 AUG 21 'AM 9:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

2433 MILL CREEK CT.  
TALLAHASSEE FL 32308  
US

Mailing Address

PO BOX 13462  
TALLAHASSEE FL 32317  
US

2. Principal Place of Business

1703 Baum Rd.

Suite, Apt. #, etc.  
TALLAHASSEE, FL

City & State  
32311

Zip  
Country  
America

3. Mailing Address

1703 Baum Rd.

Suite, Apt. #, etc.  
TALLAHASSEE, FL

City & State  
32311

Zip  
Country  
America



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3183412

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

GLOVER, RICHARD  
2433 MILL CREEK CT.  
TALLAHASSEE FL 32608

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
000003384560--3  
-09/06/00--01113--019  
City  
\*\*\*150.00 FL \*\*\*150.00 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	KARIMPOUR, REZA	
STREET ADDRESS	1348 CONSERVANCY DRIVE E	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARIMPOUR, REZA	
STREET ADDRESS	5604 MAIZE COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARIMPOUR, ASHRAF	
STREET ADDRESS	1348 CONSERVANCY DRIVE E.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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 all other like empowered.

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

Date Daytime Phone #

CR2E034 (5/00)

KE

2062



LANDSCAPING • SOD • NURSERY

LAWN CARE • IRRIGATION

August 15, 2000

**DIVISION OF CORPORATIONS**  
**P. O. Box 6327**  
**Tallahassee, FL 32314**

**Dear DIVISION OF CORPORATIONS:**

This letter is a request to waive the late fee on form P93000036688 for Falcon Homes, Inc. We were under the impression that this form for application would be mailed to our physical address at 2433 Mill Creek Lane, Tallahassee, FL 32308, but instead was mailed to our old post office box. Due to the several different applications we receive each year we would not have missed this application if it wasn't by chance that the second notice was sent to us by the new post office box holder. We have always paid this on time in the past and would greatly appreciate a one time waiver for this additional fee. If you have any questions please contact my office at (850) 422-0002.

**P.S. We just recently moved our physical office location to 1703 Baum Road, Tallahassee, Florida 32311. Please update our record with this information for future mailings.**

Sincerely,

**Gholam R. Karimipour**  
**Owner/ Falcon Homes, Inc.**