

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**  
 03-13-2000 90023 001 \*\*\*158.75

**DOCUMENT # P93000041822**

1. Entity Name  
**DOLPHIN CONSTRUCTORS, INC.**

Principal Place of Business

Mailing Address

13990 W. HILLSBOROUGH AVE  
 FL 33635

13990 W. HILLSBOROUGH AVE  
 TAMPA FL 33635-9656  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13966 W. Hillsborough AV.

13966 W. Hillsborough AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa Fl. 33635

Tampa Fl. 33635

City & State

City & State

4. FEI Number **59-3186095**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Farhadi Mehdi

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

13966 W. Hillsborough AV.

Tampa

Fl.

City

FL

Zip Code

33635

FARHADI, MEHDI

13990 W. HILLSBOROUGH AVE

TAMPA FL 33635

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 **MEHDI FARHADI, President**

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

(NOTE: Registered Agent signature required when reinstating.)

2/7/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARHADI, MEHDI	NAME	
STREET ADDRESS	4771 LAKESHORE LOOP	STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL 34667	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARHADI, MEHDI	NAME	
STREET ADDRESS	4771 LAKESHORE LOOP	STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL 34667	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:

**MEHDI FARHADI, Pres.**

02/07/00

(813) 818-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)