2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000069174** Apr 06, 2000 8:00 am Secretary of State PARIS INVESTMENTS CORPORATION 04-06-2000 90007 023 ***150.00 Mailing Address Principal Place of Business 132 E. COLONIAL DR. 132 E. COLONIAL DR. SUITE 206 SUITE 206 ORLANDO FL 32801-1236 ORLANDO FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3207289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABETI, MANSOUR Street Address (P.O. Box Number is Not Acceptable) 132 E. COLONIAL DR. ORLANDO FL 32802 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition □ Delete TITLE SABETI, PARVIZ NAME NAME STREET ADDRESS STREET ADDRESS 132 E. COLONIAL DR., SUITE 206 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE Delete TITLE NAME SABETI, PARDIS NAME STREET ADDRESS 132 E. COLONIAL DRIVE, SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition Delete_ TITLE TITLE SABETI, PARISA NAME NAME STREET ADDRESS 132 E COLONIAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

| Particular of the corporation of 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 the empowered.

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