

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90114 038 ***150.00

DOCUMENT # P94000002326

1. Entity Name

CASPIAN INTERNATIONAL INC.

Principal Place of Business

PO BOX 1093
 BOCA RATON FL 33429-1093
 US

Mailing Address

PO BOX 1093
 SUITE A-4
 BOCA RATON FL 33429-1093
 US

2. Principal Place of Business

2528 OKEECHOBEE BLVD

3. Mailing Address

2528 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

Country

33409

USA

Zip

Country

33409

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0461173

Applied For

Not Applicable

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

NEMATI, GHOLAMREZA
9531 FONTAINBLEAU
MIAMI FL 33172

Name

NEMATI, GHOLAMREZA

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

790 WOODBINE WAY # 708

City

PALM BEACH GARDENS, FL

Zip Code

33418

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

G-R. NEMATI, GHOLAMREZA NEMATI, PRESIDENT

4/27/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **NEMATI, GHOLAM R**
 CITY-ST-ZIP **430 JEFFERSON DRIVE, #203**
DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **GHOLAMREZA NEMATI**
 CITY-ST-ZIP **790 WOODBINE WAY #708**
PALM BEACH GARDENS, FL. 33418

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **KHALES, PARVIZ**
 CITY-ST-ZIP **2235 SPRING HARBOR DRIVE, APT K**
DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **PARVIZ KHALES**
 CITY-ST-ZIP **1290 WOODBINE WAY #1216**
PALM BEACH GARDENS, FL. 33418

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

G-R. NEMATI, GHOLAMREZA NEMATI, PRESIDENT

4/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)