

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90100 020 \*\*\*150.00

<b>DOCUMENT # P94000002326</b>			
1. Entity Name <b>CASPIAN INTERNATIONAL INC.</b>			
Principal Place of Business <b>2528 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 US</b>		Mailing Address <b>2528 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>NEMATI, GHOLAMREZA 790 WOODBINE WAY #708 PALM BEACH GARDENS FL 33418</b>		7. Name and Address of New Registered Agent Name <b>NEMATI, GHOLAM REZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3040 CASA RIO CT.</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33418</b>	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEMATI, GHOLAM R 790 WOODBINE WAY #708 PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEMATI, GHOLAM REZA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3040 CASA RIO CT.</b> <b>PALM BEACH GARDENS, FL. 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KHALES, PARVIZ 790 WOODBINE WAY #708 PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KHALES, PARVIZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1054 ASPRI WAY</b> <b>PALM BEACH GARDENS, FL. 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Nemat* **GHOLAMREZA NEMATI** **4/5/02 (561)687-9779**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (9/01)