

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400025215

1. Entity Name

JAHAN IM ARTS INC

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 29 PM 4:29

Principal Place of Business

1149 DUNCAN DR.  
WINTER SPRINGS FL  
32708

Mailing Address

125 GRACE BLVD  
ALTAMONTE SPRINGS, FL  
32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3241236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

05/15/01 90164 021 \$150.00  
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DON MCCANN SR.  
C/O BUSINESS ENTERPRISES  
507 SAN SEBASTIAN PRADO  
ALTAMONTE SPRINGS, FL 32714

Name

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

City

FL

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

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 \$550.00  
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DIRECTOR  
STREET ADDRESS KHOSHESPERAM, JAVAD  
CITY-ST-ZIP 125 GRACE BLVD  
ALTAMONTE SPRINGS, FL 32714

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

TITLE ☐ Delete  
NAME DIRECTOR  
STREET ADDRESS KHOSHESPERAM, HUSHIAR  
CITY-ST-ZIP 125 GRACE BLVD  
ALTAMONTE SPRINGS, FL 32714

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  
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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:

*[Signature]*

11/27/01 (407) 491-8827

CR2E034 (5/01)

**TATTERSALL AND TATTERSALL, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

(407) 894-2272 • Fax (407) 897-3639

<http://www.tattersall.com>

FRED TATTERSALL, C.P.A.  
PETER TATTERSALL, C.P.A.

333 NORTH FERNCREEK AVENUE  
ORLANDO, FLORIDA 32803-5499

November 27, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Jahan Imports, Inc.

Gentlemen/Ladies:

We have enclosed the 2001 Uniform Business Report. The original report was previously submitted with payment but was not signed. Please record this report and reinstate the above referenced corporation as soon as possible. Thank you.

Yours Truly,



Peter Tattersall, CPA

CC: Jahan Imports, Inc.