

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 050 ***150.00

DOCUMENT #

1. Entity Name

JAHAN IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1149 DUNCAN DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

WINTER SPRINGS

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

Zip

32708

Country

USA

Zip

Country

4. FEI Number

59-3241236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KHOSHESPERAM, HOSHYAR

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

1149 DUNCAN DRIVE,

City

WINTER SPRINGS

FL

Zip Code

32708

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

Hoshyar Khoshesperam

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.24.2002

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
KHOSHESPERAM, JAVAD
1149 DUNCAN DR,
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
KHOSHESPERAM, HOSHYAR
1149 DUNCAN DR.,
WINTER SPRINGS, FL 32708.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoshyar Khoshesperam

4.24.2002

Date

(407) 221-8827

Daytime Phone #

CR2E034B (12/01)