

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077211

1. Entity Name

PANAMA CITY PLAZA, INC.

Principal Place of Business

828 WEST 11TH STREET
PANAMA CITY FL 32402
US

Mailing Address

% NEUBAUER REAL ESTATE
740 S. TYNDALL PKWY
PANAMA CITY FL 32404
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEUBAUER REAL ESTATE
740 SOUTH TYNDALL PARKWAY
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

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 13, 2000 Min. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FARHADIAN, BEHROOZ R.	
STREET ADDRESS	131 COLONIAL ROAD	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARHADIAN, AYOUB	
STREET ADDRESS	131 COLONIAL ROAD	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOHAYEGH, DAVID	
STREET ADDRESS	145 E HOUSTON ST #5A	
CITY - ST - ZIP	NEW YORK CITY NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALEKAN, ESHAGH	
STREET ADDRESS	95 DELANCEY STREET 2ND FLR	
CITY - ST - ZIP	NYC NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLUSH, JERRY	
STREET ADDRESS	95 DELANCEY ST 2ND FLR	
CITY - ST - ZIP	NYC NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 031 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)