2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90021 010 ***150.00

DOCUMENT # P95000025559

1. Entity Name
HARDROCK FINANCIAL GROUP, INC.

Principal Place of Business
9109 BACHMAN ROAD
ORLANDO FL 32824

Mailing Address
P.O. BOX 1687
ORLANDO FL 32802-1687

AU041991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9109 BACHMAN ROAD
Suite, Apt. #, etc.
City & State: ORLANDO FL
Zip: 32824 Country: U.S.A.

3. Mailing Address
P.O. BOX 1687
Suite, Apt. #, etc.
P.O. BOX 1687
City & State: ORLANDO FL
Zip: 32802-1687 Country: U.S.A

4. FEI Number 65-0576681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KHORSANDI BAHRAM B.
8805 BAYHILL BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name: BAHRAM B KHORSANDI
Street Address (P.O. Box Number is Not Acceptable)
8805 Bayhill Blvd
City: ORLANDO FL Zip Code: 32819

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: Bahram B. Khorsandi BAHRAM B. KHORSANDI 3/26/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P. KHORSANDI OMID 8805 BAYHILL BLVD ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ARASH B. KHORSANDI 8805 BAYHILL BLVD ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ARASH B. KHORSANDI 8805 BAYHILL BLVD ORLANDO FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETRY AREZOO B KHORSANDI 8805 BAYHILL BLVD ORLANDO FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Omid B. Khorsandi 3/26/01 407-240-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #