

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050022

1. Entity Name  
ALI REZA ZARGARAN, M.D., P.A.

Principal Place of Business  
50 NE 26TH AVENUE  
#203  
POMPAHO BEACH FL 33062

Mailing Address  
50 NE 26TH AVENUE  
#203  
POMPAHO BEACH FL 33062

2. Principal Place of Business  
2701 E ATLANTIC BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
POMPAHO BEACH, FL  
Zip  
33062  
Country  
USA

City & State  
Zip  
Country

4. FEI Number 65-0592113

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ZARGARAN, ALI R  
50 NE 26TH AVENUE #203  
POMPAHO BEACH FL 33062  
ALI R. ZARGARAN  
2701 E ATLANTIC BLVD  
POMPAHO BEACH, FL  
33062

## 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 ALI ZARGARAN PRESIDENT DATE 8/29/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVST  
ZARGARAN, ALI R  
50 NE 26TH AVENUE #203  
POMPAHO BEACH FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ZARGARAN, ALI R  
50 NE 26 AVE, #203  
POMPAHO BEACH FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004586428-9  
-09/13/01-01010-009  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
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CITY-ST-ZIP

TITLE  
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: ALI ZARGARAN, PRES DATE 8/29/01 (954) 942 8987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 AUG 31 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

202

Ali Reza Zargaran, M.D., P.A.  
2701 E. Atlantic Boulevard  
Pompano Beach, FL 33062

August 29, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

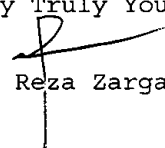
Re: Ali Reza Zargaran, M.D., P.A. (P95000050022) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$150.00, representing the annual fee of \$150.00 for 2001.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please note the address changes on the form. Thank you for your assistance.

Very Truly Yours,

  
Ali Reza Zargaran, President