

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P96000027241

1. Entity Name

PARS INC. OF USA

FILED

00 JUN 23 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

653 UNIVERSITY BLVD.
MELBOURNE FL 32901

Mailing Address

653 UNIVERSITY BLVD.
MELBOURNE FL 32901-7121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368862

Applied

Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KERMANI, SASAN A
653 UNIVERSITY BLVD.
MELBOURNE FL 32901

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Fee
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
KERMANI, SASAN A
653 UNIVERSITY BLVD.
MELBOURNE FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TS
MILLER-KERMANI, DONN
653 UNIVERSITY BLVD.
MELBOURNE FL 32901 ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
-07/12/00--01089--005
****150.00 ****150.00 ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change

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☐ Change

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
TS ☐ Change

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, 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

Deadline Filing

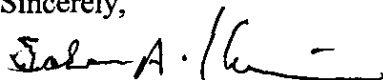
4/20/00

June 26th, 2000

Dear Tyrone

Enclosed please find a copy of the original Uniform Business Report, which was signed and sent on April 20th of 2000. As I explained on the phone, I had personally signed and sent the report. I am not aware of how or why The Division of Corporation had not received our report. I am enclosing another check for the fee, for the amount of \$150. Please kindly waive the late fees, as my company had complied with the rules set, and had filed the report before the set deadline, May 1st of 2000. I thank you for your assistance on this matter.

Sincerely,



Sasan A. Kermani
President
Pars Inc. Of USA