## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000067157



## **FILED** Mar 20, 2003 8:00 am § Secretary of State

AZAR G	IALLERY, INC.				03-20-2003 90134 015 ***158.		8.75		
Principal P 989 AIRPOR NAPLES FL US	= -	Mailing A 989 AIRPO NAPLES F US	ort rd. s			i l <b>ab</b> naan ka nana baka baha asak sakk baha	<b>i 8</b> 11 <b>1 4</b> 1111 1 <b>1 1 1 1</b> 1 1 1 1	1 81111 1 <b>38</b> 1 1881	
2. Principal Place of Business		3. Mailing	3. Mailing Address						
Suite, A	pt. #, etc.	Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & S	City & State			4. FEI Number 59-3393816 Applied For Not Applicable			
Zip 341		Zip 3 4	104	Country	5	5. Certificate of Status Desired	00 TC	ditional	-
	6. Name and Address of Curr	ent Registered A	gent		7	. Name and Address of New Register	red Agent		┨
MIRZIAI,	AHMAD	, <del>*</del> *,		Name_					7
660 ST A	Andrews Blvd			Street A	Address (P.O	. Box Number is Not Acceptable)		<u> </u>	7
NAPLES	FL 34113			_	<del>-</del>				4
				City	<del></del>		Zip Cod		$\frac{1}{2}$
8. The above	re named entity submits this statemer ations of registered agent.	it for the purpose	of changing its re	egistered office o	r registered :	agent, or both, in the State of Florida. I			-
/	<b>Y</b>								
SIGNATURE	△								1
	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: I	Registered Agent signal	ture required wher	n reinstating) DA	TE	<del></del>	ļ
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 ok Payable to Florida Department	0 of State	-		, ,	Election Campaign Financing     Trust Fund Contribution.	\$5.0	0 May Be	1
10.									
TITLE	PVTS OFFICERS AT	ND DIRECTORS		11.	A	ADDITIONS/CHANGES TO OFFICERS A			1
NAME	AHMAD, MIRZIAI		Delete	TITLE		The state of the s	AND DIRECTOR:	S IN 11	16
STREET ADDRESS	· · · - · · · · · · · · · · · ·				i		ND DIRECTOR:  Change		1 2
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	INAPLES EL 34113			NAME STREET ADDRESS	i	EIAI, AHMAD			0/0/0
TITLE	NAPLES FL 34113			NAME	i				0/01/10/0
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12. 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE!

TITLE

NAME

STREET ADDRESS

☐ Delete

239-435-1883 OR

☐ Change

☐ Addition