

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069567

1. Entity Name
SIA GROUP, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90036 003 ***150.00

Principal Place of Business
1548 JOHN ANDERSON DR
ORMOND BEACH FL 32176

Mailing Address
1548 JOHN ANDERSON DR
ORMOND BEACH FL 32176

2. Principal Place of Business
11 Southern Trace Blvd
Suite, Apt. #, etc.

3. Mailing Address
11 Southern Trace Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach, Florida
Zip 32174 Country U.S.A.

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Ormond Beach, Florida
Zip 32174 Country U.S.A.

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HIRMANPOUR, IRAJ
1548 JOHN ANDERSON DR
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
Name Soheil Khajenoori
Street Address (P.O. Box Number is Not Acceptable)
11 Southern Trace Blvd
City Ormond Beach, Florida FL Zip Code 32174

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 *Soheil Khajenoori*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRMANPOUR, IRAJ 1548 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KHAJENOORI, SOHEL 1548 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Soheil Khajenoori 11 Southern Trace Blvd, Ormond Beach FL, 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Soheil Khajenoori*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (904) 405-3809
Date Daytime Phone #

CR2E034 (10/00)