

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069567

1. Entity Name  
SIA GROUP, INC.Principal Place of Business  
1548 JOHN ANDERSON DR  
ORMOND BEACH FL 32176Mailing Address  
1548 JOHN ANDERSON DR  
ORMOND BEACH FL 321762. Principal Place of Business  
11 Southern Trace BLVD

Suite, Apt. #, etc.

3. Mailing Address  
11 Southern Trace BLVD

Suite, Apt. #, etc.

City & State  
Ormond Beach, FloridaCity & State  
ORMOND Beach, FloridaZip  
32174Country  
U.S.A.Zip  
32174Country  
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 State10. 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

CR2E034 (10/00)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HIRMANPOUR, IRAJ  
1548 JOHN ANDERSON DR  
ORMOND BEACH FL 32176 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPresident  
Soheil Khajenoori  
11 Southern Trace Blvd, Ormond Beach  
FL, 32174 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
KHAJENOORI, SOHEIL  
1548 JOHN ANDERSON DR  
ORMOND BEACH FL 32176 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change 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

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

01-23-2001 90036 003 \*\*\*150.00

1 U 16 40



DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For

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STREET ADDRESS  
CITY-ST-ZIP Change Addition

1/12/01 (904)405-3809

Daytime Phone #