

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093372

1. Entity Name  
**FLORIDA RUGS, INC.**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90002 011 \*\*\*158.75

Principal Place of Business  
10300 SOUTHSIDE BLVD.  
139  
JACKSONVILLE FL 32256  
US

Mailing Address  
10300 SOUTHSIDE BLVD  
139  
JACKSONVILLE FL 32256-0739  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number  
**59-3419730**

Applied For  
Not Applicable

Zip Country Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**KAZRATI, HAMID**  
**11529 BASKERVILLE RD**  
**JACKSONVILLE FL 32256**

Name  
**Hamid Hazrati**

Street Address (P.O. Box Number is Not Acceptable)  
**11529 Baskerville Rd**

City  
**Jacksonville** FL Zip Code  
**32223**

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 *Hamid Hazrati*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/25/00**

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** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HAZRATI, HAMID</b>	
STREET ADDRESS <b>11529 BASKERVILLE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE <b>VTS</b>	<input type="checkbox"/> Delete
NAME <b>BORNA, RAMBOD</b>	
STREET ADDRESS <b>10000 GATE PKWY. #724</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32246</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hazrati, Hamid</b>	
STREET ADDRESS <b>11529 Baskerville Rd</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32223</b>	
TITLE <b>VTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Borna, Rom</b>	
STREET ADDRESS <b>720 Lake Geneva Dr.</b>	
CITY-ST-ZIP <b>St. Augustine, FL 32092</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/25/00 519-6000**

CR2E034 (9/99)