

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009531

1. Entity Name

PERSEPOLISE TRAVEL CONSULTANTS, INC

Principal Place of Business

Mailing Address

2208 NORTH LAKE DR

P O BOX 151251

A

ALTAMONTE SPRINGS FL 32715-1251

SANFORD FL 32773

US

2. Principal Place of Business

3. Mailing Address

12515 WOODLEA DR

Suite, Apt. #, etc. BILD # 1

Suite, Apt. #, etc.

City & State TAVARES FL

City & State

4. FEI Number

59-3425263

Applied For

Not Applicable

Zip 32778

Country USA

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

SULIMAN, ABBAS A
2208 NORTHLAKE DR
SANFORD FL 32773

Name

SULIMAN, ABBAS A.

Street Address (P.O. Box Number is Not Acceptable)

12515 WOODLEA RD

City

TAVARES

FL

Zip Code

32778

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLEIMANI, BITA P. O. BOX 151251 ALTAMONTE SPRINGS FL 32715	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Abbas A. Suliman 4-14-2000-988-330-4721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90542 001 ***150.00

04-26-2000 90542 002 *****8.75

9295



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)