

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009531

1. Entity Name

PERSEPOLISE TRAVEL CONSULTANTS, INC

Principal Place of Business

12515 WOODLEA DR
BG 1
TAVARES FL 32778
US

Mailing Address

P O BOX 151251
ALTAMONTE SPRINGS FL 32715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3425263

Applied For

Not Applicable

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
12515 WOODLEA RD
TAVARES FL 32778

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOLEIMANI, BITA**
STREET ADDRESS **P. O. BOX 151251**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *P.A. Soleimani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

Date

Daytime Phone #

352-253-0576
888-330-4726

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90364 001 ***150.00

05-03-2001 90364 002 *****8.75

05-03-2001 90364 003 *****5.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
P970 0000 9537
Doc # 09630

GENERAL POWER OF ATTORNEY

TO ALL PERSONS, be it known, that I, BITA SOLEIMANI of 2208 Northlake Drive, Sanford, Florida 32773 do hereby grant a General Power of Attorney to my father, GHOLAMABBAS SOLEIMANI, of 188 Sedgefield Circle, Winter Park, Florida 32792, as my attorney in fact. This Power of Attorney is executed on behalf of myself, BITA SOLEIMANI and my minor child, DANIEL KOREI born, June 22, 1995 in Tehran, Iran and currently resident at 2208 Northlake Drive, Sanford, Florida, 32773.

My named attorney-in-fact shall have full power and authority to undertake and perform the following acts on my behalf to the same extent as if I had done so personally:

1. All matters regarding the business known at PERSEPOLISE TRAVEL CONSULTANTS, INC. (PTC Travel, Ind.)
2. All matters regarding the minor child DANIEL KOREI, named above.
3. All matters relating to Immigration and Social Security and the Immigration and Naturalization Service, and Social Security Administration.
4. All acts on my behalf that I could do personally including but not limited to the right to sell, deed buy, trade, lease, mortgage, assign, rent or dispose of any of my present or future real or personal property; the right to execute, accept, undertake and perform any and all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box, the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in

Attachment # 9700009531

person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, ^{Doc#} attorney or other advisor deemed necessary to protect ⁶⁹⁶³⁰ my interests generally or relative to any foregoing unlimited power.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable, and I ratify all acts so carried out.

This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact consistent with the powers granted until in receipt of actual notice of revocation.

Signed under seal this 26th day of FEBRUARY, 1997.

Bita Solemani
Grantor

Sofia Solemani
Attorney-in-Fact

STATE OF FLORIDA

COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me this 26th

day of FEBRUARY, 1997, by BITA SOLEMANI AND

who is personally known to me or has produced

FL D.C. 1A as identification



General Power of Attorney

/Page 2