

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 038 ***150.00

100888

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000021121
1. Entity Name
 A PERSIAN BISTRO, INC.

Principal Place of Business **Mailing Address**
 847 VANDERBILT BEACH RD
 NAPLES, FLA 34108-8709

2. Principal Place of Business **3. Mailing Address**
 847 VANDERBILT BEACH RD
 Suite, Apt. #, etc. SAME
 Suite, Apt. #, etc.
City & State **City & State**
 NAPLES, FLA
Zip **Country** **Zip** **Country**
 34108-8709

4. FEI Number **Applied For**
 52-2022547
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WOLFE, LARRY
 200-A JOHN KNOX ROAD
 TALLAHASSEE, FL 32303-6643

7. Name and Address of New Registered Agent
Name MICHAEL MIR
Street Address (P.O. Box Number is Not Acceptable) 651 SOLEIL DRIVE
City NAPLES **FL** **Zip Code** 34108

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 LARRY WOLFE
 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. ☐ **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 PRESIDENT <input type="checkbox"/> Delete	TITLE	NAME MICHAEL M. MIR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAME	STREET ADDRESS 651 SOLEIL DRIVE	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP NAPLES, FLA 34108	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		
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NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	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: X **941-594-5557- 4-28-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)