

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

A PERSIAN BISTRO INC

FILED

02 Aug 1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NAPLES

Suite, Apt. #, etc.

City & State

NAPLES

Zip

34108

Country

U.S.

3. Mailing Address

847 VANDERBILT BLVD

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. FEI Number

52 20225 47

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHAEL MIR

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

651 SOLEIL DR.

City

NAPLES FL

FL

Zip Code

34110

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

7-31-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL MIR
(ALL POSITIONS)
651 SOLEIL DR
NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700006981457-5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAPLES FL 34110

TITLE
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CITY-ST-ZIP
-08/08/02--01078--001
***300.00 ***300.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-02

Date

239-5945557

Daytime Phone #

8/2/02