

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065231

1. Entity Name

DOLPHIN CENTER, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90031 039 \*\*\*150.00

Principal Place of Business

4771 LAKESHORE LOOP  
OLDSMAR FL 34677

Mailing Address

4771 LAKESHORE LOOP  
OLDSMAR FL 33556-2811

2. Principal Place of Business

Dolphin Center, Inc.

3. Mailing Address

← Same

Suite, Apt. #, etc.

13964 W. Hillsborough Av.

Suite, Apt. #, etc.

← Same

City & State

Tampa FL

City & State

← Same

Zip

33635

Country

USA

Zip

33635

Country

USA

4. FEI Number

59-3462530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARHADI, MEHDI  
4771 LAKESHORE LOOP  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name: Mehdi Farhadi  
Street Address (P.O. Box Number is Not Acceptable)

13964 W. Hillsborough Av.

City Tampa

FL

Zip Code

33635

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.

Mehdi Farhadi  
President

(NOTE: Registered Agent signature required when reinstating)

1/31/2000

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 PS  
NAME FARHADI, MEHDI  
STREET ADDRESS 4771 LAKESHORE LOOP  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VT  
NAME FARHADI, ADELA  
STREET ADDRESS 4771 LAKESHORE LOOP  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (813) 818-7777

Date

Daytime Phone #

CR2E034 (9/99)