

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90054 001 ***150.00

DOCUMENT # **9970000 76583**

1. Entity Name

AMIR LAJEVARDI INC.



DO NOT WRITE IN THIS SPACE

90145849

2. Principal Place of Business

126 CENTER ST.

Suite, Apt. #, etc.

788

3. Mailing Address

3900 FISCAL CT.

Suite, Apt. #, etc.

400

City & State

JUPITER FL

City & State

RIVIERA BEACH FL.

4. FEI Number

65-0785 690

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33404

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **AMIR LAJEVARDI**

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

3900 FISCAL CT. SUITE 400

City **RIVIERA BEACH**

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **AMIR LAJEVARDI - DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21 03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **OWNER - DIRECTOR**
NAME **AMIR LAJEVARDI**
STREET ADDRESS **3900 FISCAL CT.**
CITY - ST - ZIP **RIVIER BEACH FL. 33404**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **AMIR LAJEVARDI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21, 03

Date

561-842-2200

Daytime Phone #

CR2E034B (12/02)

Attachment

90145849

P97000076583

Florida Department of State

Date: 7/ 21/ 03

To whom it may concern:

I never received the uniform Business Report Form.

While my C.P.A. was arranging the 2nd quarter check stop, he brought it to my attention that I had to file this (UBR) by May 2003.

Because I never received it through the mail and I was not aware of it until now, I downloaded the form and I am filling it now.

Sincerely
Amir Lajevardi

