

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90509 016 ***150.00

0271883

DOCUMENT # P98000017891

1. Entity Name

CASPIAN FOOD INDUSTRIES, INC.

Principal Place of Business

199 ALHAMBRA WAY
 WESTON FL 33326

Mailing Address

199 ALHAMBRA WAY
 WESTON FL 33326

00010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7821 W. Sunrise Blvd

3. Mailing Address

7821 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0856075

Applied For

Not Applicable

Zip

33322

Country

Broward

Zip

33322

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ASBAGHI, VIVIAN
 470 LAKETREE DR
 WESTON FL 33326

7. Name and Address of New Registered Agent

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] **SID VIVIAN ASBAGHI**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ASBAGHI, SIROOS	
STREET ADDRESS	470 LAKETREE DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASBAGHI, VIVIAN	
STREET ADDRESS	470 LAKETREE DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ASBAGHI, FAEGH	
STREET ADDRESS	199 ALHAMBRA WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ASBAGHI, LOURDES	
STREET ADDRESS	199 ALHAMBRA WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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] **SIROOS ASBAGHI** 3/10/01 954-236-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)