## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000022414 1. Entity Name A SHAYAN INTERNATIONAL GROUP CO. 04-23-2001 90207 041 \*\*\*150.00 Principal Place of Business Mailing Address 8585 SUNSET DRIVE 8585 SUNSET DRIVE SUITE 85 SUITE 85 MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address 6328 SW 127th Pe 6328 SU Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0818266 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Zabihi. Bahram Street Address (P.O. Box Number is Not Acceptable) 8585 SUNSET DR STE 85 MIAMI FL 33143 6328 SW 127th P Zip C<u>ode</u> 3183 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTDS ☐ Addition ☐ Delete TITLE TITLE ZABIHI, BAHRAM NAME NAME 6328 SW 127th Pc. MIAMI FL. 33187 STREET ADDRESS 12021 SW 110 ST CIR E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change | ☐ Addition ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAHRAM ZABIHI

10-11-U

305-408-7390

Date

Daytime Phone #