## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2003 8:00 am Secretary of State

FILE NOW!II FEE IS \$150.00   S. Election Campaign Financing   S. S. OD May Be Added to Fees	DOCUMENT # P98000027173  1. Entity Name CFRC, INC.								04-28	3-2003 9	90268 0:	31 ***1	.50.00	
Surie, Apt. #, etc.   Check HERE IF MAKING CHANGES   City & State   Cry & State   Cry & State   A. FEI Number 59-3535819   Applied For Not Applied For Regulated Agent   February   S. Name and Address of Current Registered Agent   Name   Name   Address of New Registered Agent   Name   RADEAR, FARIDEH   Street Address (F.O. Box Number is Not Acceptable)   S. TRANSRIDGE AVE   Name and Address of New Registered Agent   Name	1119 KING ST PO BOX 1287					<del></del>								
City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  See Reported  Reported  Reported  Reported  Reported  Reported  Reported  Reported  Syeet Address (F.O. Box Number is Not Acceptable)  Syeet Address (F.O. Box Number is Not Acceptable)  City  FL Zip Code  Reported  Reported agent.  City  FL Zip Code  Reported  Reported agent.  City  FL Zip Code  Reported agent.  Agent ag	2. Principal Place of Business			3. Mailing Address				119901	190 195 1850, 15111 	ODBU ÞEISI G	### ##################################	[ <b>  150 0</b> 5 1 <b>  16</b> 1]	7 <b>631</b> ENE 1861	
Zip Country Zip Country 8. Cardificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent.  7. Name and Address of New Registered Agent.  Name  RADFAR, FARIDCH  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above number of early submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the optications of registered agent.  SiGNATURE  Signature have current entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the political property of the purpose of changing its registered agent.  FILE NOW!!! FEE IS \$150.00  Ander May 1, 2000 Fee will be \$55.00 May Be a State agent ag	Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK	HĒRE IF I	MAKING C			_
8. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Street Address of New Registered Agent  Name  Name  Street Address of New Registered Agent  Name  N	City & State			ļ			•	1 5953535319						
RADFAR, FARIDEH 316 STRAWBRIDGE AVE MELBOURNE FL 32902  City FL Zip Code  8. The above nemed 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  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After may 1, 2003 Fee will be \$50.00 After may 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PD OBOX 1287 N/A MELBOURNE FL 32902  THE NAME SIRET ADDRESS OTT -51-7P  THE NAME SIRET ADDRE	Zip	Country				Country								
RADFAR, FARIDEH 316 STRAWBRIDGE AVE MELBOURNE FL 32902  City FL Zip Code  8. The above named enkity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the chigations of registered agent.  SIGNATURE  Signature, typed or printed ranger and title fischedate.  PIOTE Registered Agent available accept the chigation of printed ranger and title fischedate.  PIOTE Registered Agent available accept agent.  PIOTE Registered Agent accept agent	<u> </u>	6. Name and Addre	ss of Current Registe	red Agent	<del></del>	Name	7.	. Name and	Address of	New.Regi	stered Age	mt	<u> </u>	<b>-</b> ∤
Sites Accress [F.O. Box Northber is Not Acceptable]  Sites Accress [F.O. Box Northber is Not Acceptable]  City  FL Zip Code	RADFAR.	FARIDEH		<del></del>	÷ · •	-	<u> </u>						<u> </u>	_   -
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature type of printed name of registered agent was too if expeciable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  PD  ADFRA, FARIDEH  NAME  SIRRET ADDRESS  CITY-51-7P  REPONDE BPACH CA 90278  TIME  NAME  SIRRET ADDRESS  CITY-51-7P  Delete  NAME  SIRRET ADDRESS  CITY-51-7P  TIME  NAME  SIRRET ADDRESS  CITY-51-7P  Delete  NAME  SIRRET ADDRESS  CITY-51-7P  Delete  NAME  SIRRET ADDRESS  CITY-51-7P  TIME  NAME  NAME  SIRRET ADDRESS  CITY-51-7P  TIME  NAME	316 STRAWBRIDGE AVE					Street Addre	ess (P.O.	Box Numbe	er is Not Acce	ptable)				_
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the obligations of registered agent.  SIGNATURE  Signature, hybeid or printed name or registered agent and title if explication.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.  THE  NAME  PD  RADFAR, FARIDEH  NAME  SIREET ADDRESS  CITY-S1-2P  TITLE  NAME  Addition  Change Addition  Addition  NAME	8. The above	named entity submits th	is statement for the pur	rpose of changing its	registere	· 1	istered a	gent, or bot	h, in the State	e of Florida	• - 1	•		4
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if	12. I hereby of indicated of the corr	ertify that the information on this report or suppler poration or the receiver of	n supplied with this filing nental report is true and or trustee empowered to	does not qualify for accurate and that m execute this report a	the exer y signati is require	nption stated in ure shall have t ed by Chapter	Section he same 607, Flor	119:07(3)(i legal effect ida Statutes	), Florida Sta as if made us; and that m	utes. I furi inder oath i name ap	ther certify to that I am a pears in Bio	hat the in in officer o ock 10 or	formation or director Block 11 if	}
changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: SIGNATURE REQUIRED 34.3														