

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91062 033 \*\*\*150.00

DOCUMENT # P98000039412

1. Entity Name

FARHAD, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15002 N. FLORIDA AVE

3. Mailing Address

15002 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3505907

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FARHAD NAVAGE

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

4105 2nd FLOOR N.

City

TAMPA

FL

Zip Code  
33605

**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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

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	PRESIDENT
NAME	FARHAD NAVAGE
STREET ADDRESS	4105 2nd FLOOR N.
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-03

Daytime Phone #

813-265-1977

CR2E034B (12/02)