2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069180

1. Entity Name
AMERICAN PERSIAN ENGINEERS AND CONSTRUCTORS, INC

FILED
Aug 24, 2001
Secretary of State

FILED
01 SEP 24 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

Principal Place of Business	Mailing Address
5748 OLD WINTER GARDEN DR ORLANDO FL 32835 US	5748 OLD WINTER GARDEN DR ORLANDO FL 32835 US

2. Principal Place of Business: 5748 old winter Garden Rd.
Suite, Apt. #, etc.
City & State: Orlando FL
Zip: 32835 Country: orange

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
08-24-2001 90044035 $500.00

4. FEI Number 59-3527379 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOULODI-SEMNANI, HOMAYOUN
7819 THICKET LANE
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name: Fouladi - SEMNANI, Homayoun
Street Address (P.O. Box Number Is Not Acceptable): 7819 Thicket Lane
City: Orlando FL Zip Code: 32819

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 ____________ 8/20/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOULADI-SEMNANI, HOMAYUN 7819 THICKET LANE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

300004808293--1
-09/20/01--01078--015
*****50.00 *****50.00

CR2E034 (5/01)

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.

SIGNATURE: SIGNATURE REQUIRED 8/20/01 407-832-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #