

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083810

1. Entity Name

PERSIAN PRINCESS INTERNATIONAL, INC.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90081 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 Ocean DR Suite 706  
500 SE MIAMI BOULEVARD, PH7  
MIAMI SOUTH BEACH  
FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868044

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIETRO, PERCI

500 SE MIAMI BOULEVARD, PH7

MIAMI

BOCA RATON FL 33432

1500 Ocean DR Suite 706  
MIAMI SOUTH BEACH  
FL 33139

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME PIETRO, PERCI  
STREET ADDRESS 500 SE MIAMI BOULEVARD, PH7  
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE D  
NAME SHAKOORI, SHANAZ  
STREET ADDRESS 3131 S. RIDGE DR  
CITY-ST-ZIP AKAON OH 44333

☐ Delete

TITLE D  
NAME RAFECAS, JOSE MD  
STREET ADDRESS 3131 S. RIDGE DR  
CITY-ST-ZIP AKAON OH 44333

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000 (330)666-8455  
Date Daytime Phone #