

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083810

1. Entity Name

PERSIAN PRINCESS INTERNATIONAL, INC.

Principal Place of Business

MIAMI BEACH FLORIDA  
U.S.A.

Mailing Address

1500 Ocean Drive  
Suite 706  
Miami Beach, FL 33139

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT -8 AM 9:13

2. Principal Place of Business

MIAMI BEACH FL U.S.A.  
1500 Ocean Drive

3. Mailing Address

1500 Ocean Drive  
Suite 706

DO NOT WRITE IN THIS SPACE

Suite 706, Miami Beach

Miami Beach, FL

4. FEI Number  
65-0868044

Applied For  
Not Applicable

Zip  
33139

Country  
U.S.A.

Zip  
33139

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

PERCI PIETRO  
1500 Ocean Drive Suite 706  
Miami Beach, FL 33139

7. Name and Address of New Registered Agent

Name PERCI PIETRO  
Street Address (P.O. Box Number is Not Acceptable)  
1500 Ocean Drive Suite 706  
City Miami Beach FL Zip Code 33139

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 PERCI PIETRO Pres 10/01/01  
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 \$150.00  
After MAY 1, 2001 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

|                                                |                                                                                             |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director / President<br>PERCI PIETRO<br>1500 Ocean Drive Suite 706<br>Miami Beach, FL 33139 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>SHANAZ SHAKOORI<br>3131 South Ridge Dr.<br>AKRON, OH 44333                      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Jose' Rafeas MD<br>3131 South Ridge Dr.<br>AKRON, OH 44333                      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                          |                                                                                         |
|------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
|                                                | 400004638424--<br>-10/16/01--01036--026<br>****150.00 ****150.00         |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>SHANAZ SHAKOORI<br>3131 South Ridge Drive<br>AKRON, OH 44333 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Jose' Rafeas<br>3131 South Ridge Drive<br>AKRON, OH 44333    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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: PERCI PIETRO Pres 10/01/01 (305) 532-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

October 1, 2001

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dir Sir or Madam,

After speaking with one of your representatives, the following is payment for re-activation of the Persian Princess International inc. Florida corporation Document # P98000083810. It had been brought to my attention that the annual invoice your office sends out had not been received. Please update your records with the following information so we will be sure to receive the appropriate information in the future.

Feel free to contact me with any questions you might have. 305.532.8989.

Thank you,

A handwritten signature in black ink, appearing to read 'Perci Pietro', with a stylized flourish at the end.

Perci Pietro  
President