

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008462

1. Entity Name

KASHAN INTERNATIONAL INC.

Principal Place of Business

1313 S MILITARY TR #104
DEERFIELD BEACH FL 33441

Mailing Address

1313 S MILITARY TR #104
DEERFIELD BEACH FL 33442-7634

2. Principal Place of Business

PARTECH INDUSTRIES INC.

Suite, Apt. #, etc.

847 NE 79th STREET

City & State

MIAMI - FLORIDA

Zip

33138

Country

3. Mailing Address

1313 S MILITARY TR (#104)

Suite, Apt. #, etc.

#104

City & State

DEERFIELD BEACH FL

Zip

33442

Country

BROWARD

6. Name and Address of Current Registered Agent

ASKARI, HINA

7000 W OAKLAND PARK BLVD STE 302
FT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name

IMRAN AMANULLAH

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

PARTECH INDUSTRIES INC.

847 NE 79th STREET

City

MIAMI

FL

Zip Code

33138

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

Imran Aman

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

TITLE PD
NAME AMAN, IMRAN
STREET ADDRESS 4414 NW 4 AVE
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AMAN IMRAN
STREET ADDRESS PARTECH INDUSTRIES INC.
CITY-ST-ZIP 847 NE 79th STREET, MIAMI-FL-33138 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

Imran Aman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10th - 2000

Date

954 946-5122

Daytime Phone #

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90006 001 ***550.00

06-27-2000 90006 002 *****8.75

DO NOT WRITE IN THIS SPACE