

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024391

1. Entity Name

SUNSET RUGS & ANTIQUES, INC.

Principal Place of Business

5893 SUNSET DRIVE
MIAMI FL 33143

Mailing Address

5893 SUNSET DRIVE
MIAMI FL 33143

2. Principal Place of Business

5893 SUNSET DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIA, FL

City & State

Zip

33143

Country

USA

Zip

Country

4. FEI Number

65-0913242

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARVIZYAR, KHOSROW
5893 SUNSET DRIVE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

AMINI, BAHMAN

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

5893 SUNSET DRIVE

City MIAMI

FL

Zip Code

33143

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

Bahman Amini

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April, 01, 02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME PARVIZYAR, KHOSROW
STREET ADDRESS 5893 SUNSET DR.
CITY-ST-ZIP MIAMI FL 33143 ☒ DeleteTITLE VP
NAME AMINI, BAHMAN
STREET ADDRESS 5893 SUNSET DR.
CITY-ST-ZIP MIAMI FL 33143 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE P.
NAME AMINI, BAHMAN
STREET ADDRESS 5893 SUNSET DR.
CITY-ST-ZIP MIAMI, FL 33143 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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

April, 01, 02

Date

305 6661699

Daytime Phone #

CR2E034 (9/01)

0232335 AV

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90732 001 *****8.75

04-11-2002 90732 002 ***150.00



DO NOT WRITE IN THIS SPACE