

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90012 032 ***150.00

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DOCUMENT # P99000025558

1. Entity Name

IMPERIAL SALES & LEASING, INC.

Principal Place of Business

Mailing Address

**IMPERIAL SALES & LEASING
 5600 E COLONIAL DR
 ORLANDO FL 32807**

**IMPERIAL SALES & LEASING
 5600 E COLONIAL DR
 ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3566083**

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

**HASHEMI, HADI
 2536 LANCASTER CT
 APOPKA FL 32703**

Name **HASHEMI, HADI**

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

1596 CHERRY RIDGE DR

City **HEATHROW**

FL

Zip Code **32746**

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 *Hadi Hashemi* **HADI HASHEMI Vice President APR 1, 2002**
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, 2002 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 **D** ☐ Delete
 NAME **AKBARI, HOUSHANG**
 STREET ADDRESS **3207 S. SEMORAN BLVD, APT# 62**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Change ☐ Addition
 NAME **AKBARI, HOUSHANG**
 STREET ADDRESS **14422 NOTTINGHAMWAY CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☐ Delete
 NAME **HASHEMI, SEYED MOHAMAD**
 STREET ADDRESS **1596 CHERRY RIDGE DRIVE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

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

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

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: *Hadi Hashemi* **HADI HASHEMI Vice President APR 1, 2002 407-482-3505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)