

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065264

1. Entity Name

YAZDAH INCORPORATED

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90192 030 \*\*\*155.00

Principal Place of Business

15455 PLANTATION OAKS DRIVE, APT. 8  
TAMPA FL 33647

Mailing Address

15455 PLANTATION OAKS DRIVE, APT. 8  
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10155 HEATHER SOUND DR

Suite, Apt. #, etc.

10155 HEATHER SOUND DR

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. FEI Number

59-3582060

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESFANDIARI, SAEID

15455 PLANTATION OAKS DRIVE, APT. 8  
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

SAEID ESFANDIARI

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

10155 HEATHER SOUND DR

City

TAMPA

FL

Zip Code

33647

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

*SAEID ESFANDIARI*

SAEID ESFANDIARI, PRESIDENT 01/24/01

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

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	ESFANDIARI, SAEID	
STREET ADDRESS	15455 PLANTATION OAKS DRIVE, APT. 8	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESFANDIARI, SAEID	
STREET ADDRESS	10155 HEATHER SOUND DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/01

Date

813-994-9699

Daytime Phone #

CR2E034 (10/00)