

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90374 043 \*\*\*150.00

**DOCUMENT # P99000066229**

1. Entity Name  
**AUTO KAMI, INC.**

Principal Place of Business  
**58 SEMINOLE BLVD., STE. 100  
CASSELBERRY FL 32707**

Mailing Address  
**58 SEMINOLE BLVD., STE. 100  
CASSELBERRY FL 32707**

2. Principal Place of Business **17/92**  
**1350 S US HIGHWAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**1350 S US**  
Suite, Apt. #, etc.  
**HIGHWAY 17/92**

City & State  
**LONGWOOD FL**  
Zip  
**32750** Country  
**ORANGE**

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**LONGWOOD FL**  
Zip  
**32750** Country  
**ORANGE**

4. FEI Number **59-3587878**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GHAJAR, IRAJ**  
**58 SEMINOLE BLVD., STE. 100**  
**CASSELBERRY FL 32707**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1350 S US HIGHWAY 17/92**  
City **LONGWOOD** FL Zip Code **32750**

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 **X Ghajar** President **02-01-01**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GHAJAR, IRAJ</b> <b>58 SEMINOLE BLVD., STE. 100</b> <b>CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GHAJAR, FRESHTEH</b> <b>58 SEMINOLE BLVD., STE. 100</b> <b>CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1350 S US HIGHWAY</b> <b>17/92</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: **X Ghajar** **02-01-01** Date **407-260-9411** Daytime Phone #

CR2E034 (10/00)