

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069065

1. Entity Name

ALI KIRK MASHAYEKHI, P.A.

Principal Place of Business

Mailing Address

2457A SOUTH HIAWASSEE ROAD
ORLANDO FL 32835

737 NORTH THORNTON AVENUE
ORLANDO FL 32803

2. Principal Place of Business

2. Mailing Address

501 N. Magnolia

P.O. BOX 532019

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32801 U.S.A.

32853 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Scott Siverson

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

7485 Conroy-Windermere Road

City

Orlando

FL

Zip Code

32835

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 Scott Siverson

4-15-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MASHAYEKHI, ALI K 2457A SOUTH HIAWASSEE ROAD ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Mashayekhi, Ali K. 501 N. Magnolia Ave Orlando, FL 32801	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 407
835-9931

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90039 027 ***150.00



DO NOT WRITE IN THIS SPACE

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OR2E034 (10/00)