

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000079871

FILED  
Apr 18, 2003  
Secretary of State

Entity Name: ARASH JAHROMI, DPM, P.A.

**Current Principal Place of Business:**

4330 WEST BROWARD BLVD.  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292616  
DAVIE, FL 33329 US

**New Mailing Address:**

FEI Number: 65-0948157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JAHROMI, ARASH  
Address: PO BOX 292616  
City-St-Zip: DAVIE, FL 33329

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARASH JAHROMI

PSTD

04/18/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date