

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098384**

1. Entity Name

INTEL SECURITY & ASSOCIATED GROUP CORP.

FILED

01 JUN 29 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3001 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL. 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAJID SATTARLADEH
6026 NW 79TH WAY
PARKLAND, FL 33067**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	PRES.	<input checked="" type="checkbox"/> Delete
NAME	REZA SHAHIDPOUR	
STREET ADDRESS	8275 SW 152ND AVE. #516	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	VICE PRES.	<input type="checkbox"/> Delete
NAME	MAJID SATTARLADEH	
STREET ADDRESS	6026 NW 79TH WAY	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	FARHAD GOLCHOOBIAN	
STREET ADDRESS	6031 NW 67TH CT.	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	SAM JAZAYRI	
STREET ADDRESS	5245 SW 181ST ST.	
CITY-ST-ZIP	CORAL GABLES, FL. 33156	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200004468992--3	
STREET ADDRESS	-07/11/01--01005--013	
CITY-ST-ZIP	****600.00 ****550.00	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJID SATTARLADEH	
STREET ADDRESS	6026 NW 79TH WAY	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARHAD GOLCHOOBIAN	
STREET ADDRESS	6031 NW 67TH CT.	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE	SEC. / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM JAZAYRI	
STREET ADDRESS	5245 SW 181ST ST.	
CITY-ST-ZIP	CORAL GABLES, FL. 33156	
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

6/15/01

Daytime Phone #

CR2E034 (1/00)