## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105828** 1. Entity Name MONTE CRISTO OF TALLAHASSEE, INC. 00 MAY -5 PM 1:30 Principal Place of Business Mailing Address SECRETARY OF STATE TÀLLAHASSEE, FLORIDA 2811-E INDUSTRIAL PLAZA 2811-E INDUSTRIAL PLAZA TALLAHASSEE FL 32301 Tallahassee FL 32301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3622434 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GHAZVINI, MEHRDAD Street Address (P.O. Box Number is Not Acceptable) 2811-E INDUSTRIAL PLAZA TALLAHASSEE FL 32301 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Hossein Chezvini / SectTre Delete 4515 High Grove Rd TITLE NAME NAME 0000003260160--1 STREET ADDRESS STREET ADDRESS Tellcharser, FL 32308 -05/19/00--01115--014 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150, Chilling Mahran Chazuini / Director Delete TITLE TITLE NAME - 4 NAME 2910 Royal Palm Way STREET ADDRESS STREET ADDRESS T-11 chassee FL 32308 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Betized Ghazvini / Director Delete TITLE NAME NAME 7516 Preservation Rd STREET ADDRESS STREET ADDRESS Tallahossee, FL 32308 CITY-ST-ZIP CITY-ST-ZIP Mehrdad Chazvini/Pros. ☐ Change ☐ Addition TITLE NAME NAME 6000 Boynton Homesterd STREET ADDRESS STREET ADDRESS Talleherene, PL 32300 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

514-1000

Daytime Phone #

CR2E034 (9/99)