2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000105828 1. Entity Name MONTE CRISTO OF TALLAHASSEE, INC. FILED Apr 28, 2001 8:00 am Secretary of State 04-28-2001 90088 047 ***150.00

1. Entity Nam MONTE	CRISTO OF TALLAHASSEE, I	NC.			Secretary 04-28-2001 9008	•	
Principal Place of Business 811-E INDUSTRIAL PLAZA ALLAHASSEE FL 32301		Mailing Address 2811-E INDUSTRIAL PLAZA TALLAHASSEE FL 32301					
2. Principal Place of Business		3. Mailing Address		,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State		City & State		4.	FEI Number 59-3622434		plied For t Applicable
Zip	Country	Zip	Country	5. 4	Certificate of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current F	legistered Agent	<u>l</u>	7. [Name and Address of New Register		
			Name			107	
GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA			Street Ad	dress (P.O. Box Number is Not Acceptable)			
TALL	AHASSEE FL 32301						
			City			FL Zip Code	9
SIGNATURE 9. This corporate Tax filing	signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	nd title if applicable. (NOT	E: Registered Agent signature !!! FEE IS \$150.00 001 Fee will be \$55	e required when re			O May Be to Fees
	OFFICERS AND I		12.		DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GHAZVINI, HOSSEIN 4515 HIGH GROVE RD TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME	D GHAZVINI, MAHRAN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, BEHZAD 7516 PRESERVATION RD TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHAZVINI, MEHRDAD 6000 BOYNTON HOMESTEAD TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***		☐ Change	Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition .

13. I hereby certify that the information supplied with this filling does not quality 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.

CITY-ST-ZIP

SIGNATURE:

HOSSEIN COLAZUINI
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Daytime Phone #