

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90232 002 ***150.00

DOCUMENT # S05275

1. Entity Name

INDEPENDENT FAMILY INVESTMENT CORPORATION

Principal Place of Business

**3096 NICHOLSON DR
WINTER PARK FL 32792**

Mailing Address

**3096 NICHOLSON DR
WINTER PARK FL 32792**

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

59-3040439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIROOZ, ROSA

3096 NICHOLSON DR

WINTER PARK FL 32792

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

7-15-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **P**
STREET ADDRESS **FIROOZ, ROSA B**
CITY-ST-ZIP **3096 NICHOLSON DRIVE
WINTER PARK FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NEISSARI, ABBAS**
CITY-ST-ZIP **3096 NICHOLSON DRIVE
WINTER PARK FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

FIROOZ, ROSA B
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


7-15-01 **407**
382-8056
Daytime Phone #

CR2E034 (5/01)

Attachment
SD5275
B606 R33

TO: Whom it may concern
FROM: Independent Family Investment Inc.
RE: Late UBR Form Fee
DATE: July 25, 2001

In April of 2001 I sent my Uniform Business Report (UBR) form along with my payment of \$150.00. Thinking everything had gone as planned, I went about my business. Approximately two weeks ago I received another UBR form and a late fee of \$550.00. I called and spoke with a customer service representative, Marie, regarding the late fee. It was brought to my attention that the original payment had not been received. I was unaware of this since no notice was ever given regarding the payment that had not been received. She requested that I attach a letter explaining my situation to a new UBR form and a check for the original payment of \$150.00. If you check my file that the past ten years I have sent my UBR form on time. So please take care of this situation so that everything will be brought to an equilibrium. Thank you for your cooperation.


ABBAS NEISSARI

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05275

1. Entity Name

INDEPENDENT FAMILY INVESTMENT CORPORATION

attachment
B0061233

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3096 NICHOLSON DR
WINTER PARK FL 32792

Mailing Address

3096 NICHOLSON DR
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3040439

Applied For
Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIROOZ, ROSA
3096 NICHOLSON DR
WINTER PARK FL 32792

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]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when entity is changed)

DATE

4-9-01

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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FIROOZ, ROSA B		NAME		
STREET ADDRESS	3096 NICHOLSON DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL		CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NEISSARI, ABBAS		NAME		
STREET ADDRESS	3096 NICHOLSON DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

DATE

407
382-8056

FILE NO. PAGE #