2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

#102-

6574 N. STATE RD. 7

GOCONUT CREEK FL 99073

DOCUMENT # \$13990

1. Entity Name

23257 STATE RD 7

BOCA RATON FL 33428

Principal Place of Business

STRUCTURAL ENGINEERING AND DESIGN CONSULTANT, IN



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90485 036 ***150.00

60006313



2. Principal P	Place of Business	3. Mailing Address 23257 S7	ATE RD	7		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	е	SulTE IOI City & State BOCA RATON		4. FEI Number 65-0229602 Applied For Not Applicab		
Z î p J∵	Country	Zip 33428	Country US	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent		
YA ZDANI, DUSTIN F				Name YAZDANI, FARZAD Street Address (P.O. Box Number is Not Acceptable) 23257 STATE RD 7, #161		
	F CREEK FL 33073		City	BOCA RATEN FL Zip Code 33428		
	tions of registered agent.		registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept 1/9/03 ature required when reinstating)		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) ·	. neggitolog riggin a agnat	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Y AZDANI, DUSTIN F 6 574-N. STATE RD. 7, NO. 182 C OCONUT CREEK FL 3306 7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAZDANI, FARZAD 23257 STATE RD 7, #101 BOCA RATON, FL. 33428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YAZDANI, ROBIN A 6574 N. STATE RD. 7, NO. 182 COCONUT CREEK FL 33067	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ (Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ija.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SARTIBLE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

561-883-8500

CHZE034 (10/02)