

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91000 009 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>27856</u>	
<b>1. Entity Name</b>	
BIJAN TROPICALS, INC.	

**55044075**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
18975 SW 224TH STREET		15600 SW 288TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 305			
<b>City &amp; State</b>		<b>City &amp; State</b>	
HOMESTEAD, FL		HOMESTEAD, FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33170	USA	33033-1200	USA

**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b>		<b>Applied For</b>
	65-0243350		Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name <u>Michael L. Frederick, CPA</u>		
Street Address (P.O. Box Number is Not Acceptable)			
<u>15600 SW 288th Street</u>			
Suite <u>305</u>			
City <u>Homestead</u> <b>FL</b> <b>Zip Code</b> <u>33033-1200</u>			

<b>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. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b> <u>Michael L. Frederick</u>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Trust Fund Contribution.	
Make Check Payable to Florida Department of State	

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	KALANTARI, REZA	18975 SW 224TH STREET	HOMESTEAD, FL 33170
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
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**11.**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
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<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03