

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90245 009 \*\*\*158.75

|                                                                               |  |                                                                                                            |  |
|-------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT #</b> S48047                                                      |  |                                                                                                            |  |
| 1. Entity Name<br><b>IRAJ ORIENTAL RUGS, INC.</b>                             |  |                                                                                                            |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                             |  |                                                                                                            |  |
| 2. Principal Place of Business<br><b>2112 NW 107 AVENUE</b>                   |  | 3. Mailing Address<br><b>2112 NW 107 AVENUE</b>                                                            |  |
| City & State<br><b>MIAMI, FL. 33172</b>                                       |  | City & State<br><b>MIAMI, FL. 33172</b>                                                                    |  |
| Zip<br><b>33172</b>                                                           |  | Zip<br><b>33172</b>                                                                                        |  |
| Country                                                                       |  | Country                                                                                                    |  |
|                                                                               |  | 4. FEI Number<br><b>65-0267560</b>                                                                         |  |
|                                                                               |  | Applied For<br>Not Applicable                                                                              |  |
|                                                                               |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 7. Name and Address of Current Registered Agent                               |  |                                                                                                            |  |
| Name<br><b>ZEHTABI, IRAJ</b>                                                  |  |                                                                                                            |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2112 NW 107 AVE.</b> |  |                                                                                                            |  |
| City<br><b>MIAMI</b> FL Zip Code<br><b>33172</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.

SIGNATURE

(Signature must be in ink and must be legible and must be accompanied by a notary public)

(NOTE: Registered Agent signature is required when filing)

DATE

|                                                                                                                                          |                                                                                                                                          |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 9. (The corporation is eligible to satisfy its filing requirements and elects to do so (when election is made)) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                                                                                                |                                                   |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 11A<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br><b>PVD<br/>ZEHTABI, IRAJ<br/>2112 NW 107 AVE.<br/>MIAMI, FL. 33172</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11B<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11C<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11D<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11E<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11F<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| 11G<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing is true and correct 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 person or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

Daytime Phone #