05-06-1999 90063 042 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S81266

1. Corporation Name

PARS FC	OOD AND DELI, INC.						
Principal Place	of Business	Mailing Address				i imbildiği ibt ibtür tiğib ildiğ birilm dili dravi diğib a	#14 B:B:1 Q1Q11 B:B:1 18B1
2124 S 78TH STREET 2124 S 78TH STREET TAMPA FL 33619 TAMPA FL 33619							
	•					DO NOT WRITE IN THIS SPA	CE
						3. Date Incorporated or Qualifed 09/19/1991	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3091335	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country Zip C		Çou	ıntry		8. This corporation owes the current year Intangible	
24	25 29		30	30		Personal Property Tax.	Yes □No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Age	nt
				81	Name		
BARATI, SORYA				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
2124 S. 78TH ST.							
TAMPA FL 33619				83			į
				84	City	FL <sup>8</sup>	5 Zip Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wa:	s authorize	d by	the corporati	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointment	nging its registered int as registered
SIGNATURE							
	Signature, typed or printed name of registered	-g		l Ager	nt signature require	ed when reinstating) DATE	DECTORS IN 12
12.		AND DIRECTORS	13.	n.c	—··· 1	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
TITLE				1.1 TITLE 1.2 NAME			
NAME	BARATI, SORAYA B.		i i				
STREET ADDRESS	2124 S. 78TH ST.			13 STREET ADDRESS			í
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			Change Addition
TITLE !	V DELETE			2.1 TITLE		u	Change
NAME	SHIRZADI, GHOLI			2.2 NAME			
STREET ADDRESS	2124 S. 78TH ST.			TREE	TADDRESS		
CITY-ST-ZIP					ST- ZIP		Change Addition
TITLE				3.1 TITLE			Change
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP	··				ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 T			٠ اسا	Change
NAME			4.21	IAME			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

DELETE

DELETE

Change

☐ Addition

Addition