

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20810

1. Entity Name

FLAMERS BOURSE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90173 037 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business                               | Mailing Address  |
| 500 SOUTH 3RD STREET<br>JACKSONVILLE BEACH FL 32250<br>US | 500 SOUTH 3RD STREET<br>JACKSONVILLE BEACH FL 32250-6624<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 59-3123905 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

DARABI, FARZIN  
500 SOUTH 3RD STREET  
SUITE 201  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2000 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      |                     |
|---------------------------------|---------------------|
| TITLE                           | PD                  |
| NAME                            | DARABI, FARZIN      |
| STREET ADDRESS                  | 159 ELEVENTH ST     |
| CITY-ST-ZIP                     | ATLANTIC BCH FL     |
| <input type="checkbox"/> Delete |                     |
| TITLE                           | STD                 |
| NAME                            | PARTOW, RAMIN       |
| STREET ADDRESS                  | 335 ELEVENTH STREET |
| CITY-ST-ZIP                     | ATLANTIC BCH FL     |
| <input type="checkbox"/> Delete |                     |
| TITLE                           |                     |
| NAME                            |                     |
| STREET ADDRESS                  |                     |
| CITY-ST-ZIP                     |                     |
| <input type="checkbox"/> Delete |                     |
| TITLE                           |                     |
| NAME                            |                     |
| STREET ADDRESS                  |                     |
| CITY-ST-ZIP                     |                     |
| <input type="checkbox"/> Delete |                     |
| TITLE                           |                     |
| NAME                            |                     |
| STREET ADDRESS                  |                     |
| CITY-ST-ZIP                     |                     |
| <input type="checkbox"/> Delete |                     |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |

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: \_\_\_\_\_

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

2-23-00

Date

904-241-3737

Daytime Phone #

CR2E034 (9/99)