2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT # V42518** GOI GENEVA QUARTZ, INC. 03-08-2000 90071 048 ***150.00 Principal Place of Business Mailing Address 705 ARVIDA PARKWAY -705 ARVIDA PARKWAY CORAL GABLES FL 33156-2324 CORAL GABLES FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0352609 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAEDI, HAMID REZA Street Address (P.O. Box Number is Not Acceptable) 705 ARVIDA PARKWAY **CORAL GABLES FL 33156** 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. Sand or SIGNATURE 🗀 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAEDI, FARAJOLLAH NAME NAME STREET ADDRESS 705 ARVIDA PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ Change

Change

☐ Addition

☐ Addition