

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 005 ***150.00

DOCUMENT # **286726**

1. Entity Name
TAKAHO CORPORATION

Principal Place of Business

**13334 POLO CLUB RD
APT #339
WELLINGTON FL 33414
US**

Mailing Address

**13334 POLO CLUB RD
APT #339
WELLINGTON FL 33414
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1086560**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, JOHN FENN
501 S FLAGLER DR
STE 305
WEST PALM BEACH FL 33401**

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

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	CARTA, VIVIAN L.	
STREET ADDRESS	13334 POLO CLUB RD #339	
CITY-STATE-ZIP	WELLINGTON FL 33414	
TITLE	VD	☐ Delete
NAME	SANCHEZ, VIVIAN C	
STREET ADDRESS	13334 POLO CLUB RD 339	
CITY-STATE-ZIP	WELLINGTON FL 33414	
TITLE	TD	☒ Delete
NAME	IGLESIAS, JORGE	
STREET ADDRESS	1843 INDIAN ROAD	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	Sanchez, Vivian C.	
STREET ADDRESS	13334 Polo Club Rd	
CITY-STATE-ZIP	Wellington, FL 33414	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 provided 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: *Vivian L. Carta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VIVIAN L. CARTA

1/7/02
Date

561-743-6398
Telephone Number