


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10077802

DOCUMENT # P98000041947		
1. Entity Name TAREK MANAGEMENT, INC.		
Principal Place of Business 1108 DEER RUN PLACE VALRICO, FL 33594 US		Mailing Address 1108 DEER RUN PLACE VALRICO, FL 33594 US
2. Principal Place of Business		3. Mailing Address 1326 E. Lumsden Rd
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Brandon FL
Zip	Country	Zip 33571 Country Hillsborough
4. FEI Number 59-3509066		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____		DATE _____
<small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent's signature required when existing.)</small>		
FILE NOW!!! FEE IS \$150.00 EARLY MAY 15 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAZBOUR, TAREK 1108 DEER RUN PLACE VALRICO, FL 33694	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Tarek Kazbour		Date: 2-10-03
<small>SIGNATURE (ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		<small>Daytime Phone #</small>

CR2034 (10/02)