2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR 624417 DOCUMENT



Mar 24, 2003 8:00 am § Secretary of State 03-24-2003 90180 023 ***150.00

FILED

1. Entity Name

RICHARD A. TASHJIAN & ASSOCIATES. INC.



Principal Place of Business 4153 ROYAL OAK DRIVE PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc

8930 OLDHAM

Mailing Address 4153 ROYAL OAK DRIVE PALM BEACH GARDENS FL 33410

3. Mailing Address 8930 (

City & State

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

59-1958021

BEACH 6. Name and Address of Current Registered Agent

Name

5. Certificate of Status Desired

\$8.75 Additional

Applied For

Not Applicable

7. Name and Address of New Registered Agent

TAHJIAN, RICHARD A 4153 ROYAL OAK DR PALM BEACH GARDENS FL 33410

the obligations of registered agent.

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

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

SIGNATURE Signature, typed or printed name of registered : FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME TASHJIAN, RICHARD A NAME 4153 ROYAL OAK DR STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.