

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000229

1. Entity Name

TAI FAMILY INVESTMENT, COMPANY LTD.

Principal Place of Business

4316 TIDEWATER DRIVE
ORLANDO FL 32812

Mailing Address

4316 TIDEWATER DRIVE
ORLANDO FL 32812

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL 34744

Zip

34744

Country

USA

4. FEI Number

59-3146170

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAI, ABDUR R-M.D.
4316 TIDEWATER DRIVE
ORLANDO FL 32812

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$259,935.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION

ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
1	TAI, ARDUR R MD	4316 TIDEWATER DRIVE	ORLANDO FL 32812		
2	TAI, RABIA	4316 TIDEWATER DRIVE	ORLANDO FL 32812		
3					
4					
5					
6					
7					
8					
9					
10					

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

02 OCT 29 PM 4: 15

SECRETARY OF STATE



DUE BY SEPTEMBER 25, 2002

BK

10/01/02