

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90123 018 ***150.00

05/07/02 AT

DOCUMENT # **F00000000125**

1. Entity Name
TJARI HOLDING CORP.

Principal Place of Business Mailing Address
450 SEVENTH AVE., SUITE 1003 **450 SEVENTH AVE., SUITE 1003**
NEW YORK NY 10001 **NEW YORK NY 10001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1325 E. VINE ST.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State

4. FEI Number
13-4074946

Applied For
 Not Applicable

Zip Country Zip Country
34744

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

BLUMBERG, EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CP	ZARARI, CHAWKI	450 SEVENTH AVE., SUITE 1003	NEW YORK NY 10001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	MCCLOUGHLIN, WILLIAM	450 SEVENTH AVE., SUITE 1003	NEW YORK NY 10001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	BENKHELLOUK, HANANE	450 SEVENTH AVE., SUITE 1003	NEW YORK NY 10001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)