

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L12739****1. Entity Name**
TASQUE DEVELOPMENT, INC.**Principal Place of Business****290 N. US HIGHWAY 1**
ORMOND BEACH FL 32174**Mailing Address****290 N. US HIGHWAY 1**
ORMOND BEACH FL 32174**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3095325

Applied For

Not Applicable

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****SABOUNGI, HASSAN**
1570 JOHN ANDERSON DR.
ORMOND BCH. FL 32176

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, 2001 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	<input type="checkbox"/> Delete
VPD	FRIEDMAN, LEONARD	4691 S ATLANTIC AVE	PONCE INLET FL	<input type="checkbox"/>
VPD	FLEFEL, ALFRED	201 E COTTERMORE CIR	LONGWOOD FL	<input type="checkbox"/>
SD	FRIEDMAN, GERALDINE	4691 S ATLANTIC AVE	PONCE INLET FL	<input type="checkbox"/>
D	FLEFEL, SYLVIA	201 E COTTERMORE CIR	LONGWOOD FL	<input type="checkbox"/>
PD	SABOUNGI, MAHMOUD	648 RIVERSIDE DR	ORMOND BCH FL	<input type="checkbox"/>
TD	SABOUNGI, HASSAN	1570 JOHN ANDERSON DR.	ORMOND BCH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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

HASSAN SABOUNGI 3-13-01 672-2077

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90001 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)