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

## DOCUMENT #

P00000027345

1. Entity Name

MICHAEL J. TAHAN AND COMPANY, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90225 043 \*\*\*150.00

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5220 S.W. 154 COURT MIAMI FL 33185		5220 S.W. 1 MIAMI FL 3	54 COURT			) 1 <b>40</b> (1 <b>46</b> )   11 <b>40</b> (14 <b>50</b> (14) <b>60</b> (14)	# <b>##</b> ### <b>##</b> #########################		(1 <b>8188) 21</b> 11 1 <b>88</b> 1	
2. Principal I	Place of Business	3. Mailing Ad	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & Stat	City & State			4. FEI Number 65-0992019 Applied Fo			Applied For	
Zip	Country	Zip		ountry	5.	. Certificate of Status Desire		\$8.75 Ac	dditional	
6. Name and Address of Current Registered Agent					7.	Name and Address of Ne	v Registered A	gent		
JOHN A. KASBAR & COMPANY, INC.				Name						
3880 SHERIDAN STREET				Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD FL 33021-3634							·			
8. The above	named entity submits this stateme	nt for the purpose of	changing its rogic	City	r rogistavad a	and a hall in the Orace of	FL	Zip Coc		
the obligat	ions of registered agent.  Signature, typed or printed name of registered a							miliar with,	and accept	
	signature, typed or printed name or registered a	gent and title if applicable.	(NOTE: Regis	stered Agent signat	ure required when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Trust Fund Contribu		<b>\$5.(</b> Adde	00 May Be d to Fees	
10.		ND DIRECTORS	1	11.	A	DDITIONS/CHANGES TO C	FFICERS AND I	DIRECTOR	S IN 11	
TITLE NAME Street address City-St-Zip	PD TAHAN, MICHAEL J 5220 S.W. 154 COURT MIAMI FL 33185		ì	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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I hereby certify that the information supplied with this filling 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 eath; 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 exercise, with all other like empowered.

SIGNATURE: 1

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

(305)223-0561

Daytime Phone #