

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036181

1. Entity Name

TAIMARK ENTERTAINMENT INC.

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90937 010 \*\*\*150.00

Principal Place of Business

13201 MEMORIAL HIGHWAY  
 SUITE #105  
 NORTH MIAMI FL 33161

Mailing Address

13201 MEMORIAL HIGHWAY  
 SUITE #105  
 NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

20201 NE 29th St #222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Aventura Fla.

City &amp; State

City &amp; State

4. FEI Number

65-1002467

Applied For

Not Applicable

Zip

Country

Zip

Country

33181

U.S.A.

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

WALKINE, TAIMARK

13201 MEMORIAL HIGHWAY  
 SUITE #105  
 NORTH MIAMI FL 33161

20201 NE 29th

St #222

Aventura Fla. 33181

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 ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
 NAME WALKINE, TAIMARK  
 STREET ADDRESS 13201 MEMORIAL HWY #105  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PCEO ☐ Delete  
 NAME Taimark walkine  
 STREET ADDRESS 20201 NE 29th  
 CITY-ST-ZIP St #222

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME Aventura Fla 33181  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

Taimark Walkine  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-27-02

CR2E034 (9/01)

0265957 AV