

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90017 007 ***150.00

UBR 7/01

DOCUMENT # P00000074439	
1. Entity Name TAZA FRANCHISING, INC.	
Principal Place of Business 8016 GOLDEN SKY LANE ORLANDO FL 32809	Mailing Address 8016 GOLDEN SKY LANE ORLANDO FL 32809
2. Principal Place of Business <i>8016 Golden Sky Lane</i> Suite, Apt. #, etc.	3. Mailing Address <i>8016 Golden Sky Lane</i> Suite, Apt. #, etc.
City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>
Zip <i>32809</i>	Zip <i>32809</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3664828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NUNEZ, ARMANDO 8016 GOLDEN SKY LANE ORLANDO FL 32809		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: *Armando Nunez* (NOTE: Registered Agent signature required when reinstating) DATE: *1-15-02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D			
FAKIEH, TAREK			
8016 GOLDEN SKY LANE			
ORLANDO FL 32809			

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 files empowered.

SIGNATURE: *Armando Nunez* (NOTE: Signature required)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/01)