

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-19-2001 90018 050 ***150.00

0110109

DOCUMENT # P00000074799

1. Entity Name
TAHOOR, INC.

Principal Place of Business
**9917 PINES BLVD.
PEMBROKE PINES FL 33024**

Mailing Address
**9917 PINES BLVD.
PEMBROKE PINES FL 33024**

949901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1026325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHAKUR, ABDOOL
9917 PINES BLVD.
PEMBROKE PINES FL 33024**

Name
MOHAMMED K CHARANIA

Street Address (P.O. Box Number is Not Acceptable)

1291 N.E. 207 St

City
MIAMI

FL

Zip Code
33179

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

Mohammed K Charania

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-01

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
**D
SHAKUR, ABDOOL M
9917 PINES BLVD.
PEMBROKE PINES FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mohammed Karim Charania
President, Vice President, Secretary, Treasurer
1291 N.E. 207 Street
No. Miami, FL 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Mohammed K Charania

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

305-985-6667

Daytime Phone #

CR2E034 (10/00)