

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

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 041 ***150.00

DOCUMENT # **P01000023267**

1. Entity Name

TAHZEEN INTL INC.



DO NOT WRITE IN THIS SPACE

24076300

2. Principal Place of Business

3. Mailing Address

2183 BUCKINGHAM Rd #336

Suite, Apt. #, etc.

6400 Long ST # 20

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Richardson, TX

4. FEI Number

59-3710647

Applied For

Not Applicable

Zip **32504**

Country

Zip **75081**

Country **U.S.A**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ABID ARBAR**

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

6400 LONG ST #20

City **PENSACOLA**

FL

Zip Code **32504**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABID ARBAR 6400 LONG ST # 20 PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **ABID ARBAR** 5/17/04 469-235-7406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)