

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 042 ***150.00

DOCUMENT # **P01000035427**

1. Entity Name

TAI-STATE INVESTMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9900 W. SAMPLE ROAD

Suite, Apt. #, etc.

SUITE 300

City & State

CORAL SPRINGS, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

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4. FEI Number

65-1150642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTINE ROSEN

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

8814 SONOMA LAKE BLVD.

City

BOCA RATON

FL

Zip Code

33434

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

Christine Rosen

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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
GARY ROSEN
9900 W. SAMPLE ROAD, SUITE 300
CORAL SPRINGS, FL 33065**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY ROSEN

4/24/03

Date

954-646-0822

Daytime Phone #

CR2E034B (12/02)