

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91113 046 ***150.00

DOCUMENT # P01000099706

1. Entity Name
TASHBE (B.D), INC.

Principal Place of Business
3911 SW 16 ST

Mailing Address
3911 SW 16 ST

FT LAUDERDALE, FL
33312

FT LAUDERDALE FL
33312

2. Principal Place of Business
3911 SW 16 ST

3. Mailing Address
3911 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33312

Country

Zip
33312

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

NADIRA SULTANA
3911 SW 16 ST
FT LAUDERDALE FL 33312

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

N. Sultana

NADIRA SULTANA

4/10/2002

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NADIRA SULTANA
STREET ADDRESS 3911 SW 16 ST
CITY - ST - ZIP FT LAUDERDALE, FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

N. Sultana

NADIRA SULTANA

4/10/2002

(954) 583-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)