

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90084 023 ***150.00

DOCUMENT # P01000099706

1. Entity Name

TASHBE (B.D), INC



Principal Place of Business

**3911 SW 16 ST
FORT LAUDERDALE FL 33312**

Mailing Address

**3911 SW 16 ST
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

26929 S. DIXIE HWY

3. Mailing Address

3911 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

FORT LAUDERDALE FL

Zip

33032-7312

Country

Zip

33312-7047

Country

☐ CHECK HERE IF MAKING CHANGES

04-3647443

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULTANA, NADIRA

3911 SW 16 ST

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SULTANA, NADIRA** **REQUIRED** **NADIRA SULTANA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-583-3550

CR2E034 (10/02)