

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 039 ***550.00

DOCUMENT # P02000113232

1. Entity Name
TAIMASS USA, INC.



Principal Place of Business
**5513 CONROY ROAD #4
ORLANDO, FL 32811**

Mailing Address
**5513 CONROY ROAD #4
ORLANDO, FL 32811**

90148712



2. Principal Place of Business
5850 LAKEHURST DR

3. Mailing Address
5850 LAKEHURST DR.

Suite, Apt. #, etc.
Suite 150-34

Suite, Apt. #, etc.
Suite 150-34

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number
82-0570986

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N
4728 MAJOR BLVD STE 545
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **Robert W. Bird**

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

378 Centerpointe Cr., Suite 1238

City **Altamonte Springs**

FL

Zip Code
32738

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]

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

(NOTE: Registered Agent's signature required when reinstating)

7/9/03

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 **PRESIDENT, SECRETARY, TRES** ☐ Delete
NAME **ALIM TUKHTAKHUNOV**
STREET ADDRESS **269 GAROKOV STR. APT. 12**
CITY-ST-ZIP **ALMATY, 480032 KAZAKHSTAN**

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **AIDA SHAKIROVA**
STREET ADDRESS **269 GAROKOV STR. APT. 12**
CITY-ST-ZIP **ALMATY, 480032 KAZAKHSTAN**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

407-354-5324

Daytime Phone #

CR2034 (10/02)