

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 037 ***150.00

DOCUMENT # P40289

1. Entity Name

TALA CORP.

Principal Place of Business

Mailing Address

600 HOUZE WAY
STE B-6
ROSWELL GA 30076

600 HOUZE WAY
STE B-6
ROSWELL GA 30076-1432

80007014

2. Principal Place of Business

3. Mailing Address

32392 COAST HWY

32392 COAST HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#150

#150

City & State

City & State

LAGUNA BEACH, CA

LAGUNA BEACH, CA

Zip

Zip

92651

92651

Country

Country

U.S.A.

U.S.A.

4. FEI Number **58-1706121**

Applied For

Not Applied For

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

CHRIS CADENHEAD
420 E. PINE VIEW AVENUE
CRESTVIEW FL 32539

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

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CP**
STREET ADDRESS **MALAS, MOHANNAD**
CITY-ST-ZIP **31591 BLUFF DR. LAGUNA BCH CA 92651**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MALAS, RANA**
CITY-ST-ZIP **31591 BLUFF DR. LAGUNA BCH CA 92651**

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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MOHANNAD MALAS

Date

Daytime Phone #

1/7/2000 (949) 499-513