

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90360 010 \*\*\*150.00

DOCUMENT # P92000008818

1. Entity Name

Tally Engineering, Inc.

Principal Place of Business

Mailing Address

1851 NW 125 Ave.  
 Ste. 300

1851 NW 125 Ave.  
 Ste. 300

Pembroke Pines FL 33028 Pembroke Pines FL 33028

A0070791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0372419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Borjjerdi, Pirooz  
 6121 Cypress Road  
 Plantation FL 33317

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
 NAME Amiri, Sohilia  
 STREET ADDRESS 6121 Cypress Road  
 CITY-ST-ZIP Plantation, FL 33317

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

TITLE NAME  Delete  
 NAME Borjjerdi, Pirooz  
 STREET ADDRESS 6121 Cypress Road  
 CITY-ST-ZIP Plantation FL 33317

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

TITLE NAME  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
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 CITY-ST-ZIP

TITLE NAME  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

4/26/01

Date

954-444-9893

Daytime Phone #

CR2E034 (1/00)