FROM : Panasonic FAX SYSTEM PHONE NO. : 9549639?

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91352 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

669581

DOCUMENT # P02000008818

1. Entity Name
Tally Engineering, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1851 NW 125 Ave.	1851 NW 125 Ave
Suite, Apt. #, etc. Ste 300	Suite, Apt. #, etc. Ste. 300
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028 Country USA	Zip 33028 Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name BOROJERDI, PIROOZ

Street Address (P.O. Box Number is Not Acceptable)
6121 Cypress Road

City Plantation FL Zip Code 33317

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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Amiri, Sohilia
STREET ADDRESS	6121 Cypress Road
CITY-ST-ZIP	Plantation, FL 33317
TITLE	V
NAME	Borojerdi, Pirooz
STREET ADDRESS	6121 Cypress Road
CITY-ST-ZIP	Plantation, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sohila Amiri April/30/02 (954)958-3900x339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number