


AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC -2 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P94000000347 |  |
| 1. Entity Name TAM INVESTMENT COMPANY | |

DO NOT WRITE IN THIS SPACE

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|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 2201 NW 30th Place Suite, Apt. #, etc. Suite A | | 3. Mailing Address 2201 NW 30th Place Suite, Apt. #, etc. Suite A | |
| City & State Pompano Beach, FL | | City & State Pompano Beach, FL | |
| Zip 33069 | Country USA | Zip 33069 | Country USA |

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12/04/03--01027--027 **1380.00
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| 4. FEI Number 65-0455310 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | |
| Name Valdes-Fauli Corporate Services, Inc. | |
| Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive, Suite 500 East | |
| City West Palm Beach | FL Zip Code 33401 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, V Alnajjar, Nader 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P Chaleff, Lawrence N. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, V, T, AS Clark, Susan I. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, V, S Dhanani, Meenaz 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, V Lal, Sanjay 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, V Shetty, Dayanand 2201 NW 30th Place, Suite A Pompano Beach, FL 33069 | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Meenaz Dhanani, VP/Sec.** **11/21/03** (407) 239-9142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)