2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000811

Entity Name
Taykan Management and Consulting Inc

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90950 031 ***150.00

Principal Place of Business
~~2139 N University Dr.~~
~~#113~~
~~Coral Springs, FL 33071~~

Mailing Address
c/o Feinsod & Associates
12169 Sheridan St
Cooper City, FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12169 Sheridan St
Suite, Apt. #, etc.
City & State: Cooper City, FL
Zip: 33026 | Country: Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 65-0643717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Taykan, Barbara
12169 Sheridan St.
Cooper City, FL 33026

7. Name and Address of New Registered Agent
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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Barbara Taykan	NAME	
STREET ADDRESS	12169 Sheridan St	STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33026	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

PLEASE SIGN
SIGNATURE: Barbara Taykan (signature) Date: 4-27-00 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR