

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030886

1. Entity Name
TAJMANA ENTERTAINMENT INTERNATIONAL, INC.

Principal Place of Business
3461 HIATUS RD
SUNRISE FL 33351
US

Mailing Address
P.O. BOX 812317
BOCA RATON FL 33481-2317

2. Principal Place of Business
P.O. Box 812317

Suite, Apt. #, etc.

City & State
Boca Raton FL

Zip
33481

Country
USA

3. Mailing Address

SHAH, TAJ. A
3461 HIATUS RD
SUNRISE FL 33351

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]*
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SHAH, TAJ A
3461 HIATUS RD
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BHORANIA, DHARA
3461 HIATUS RD
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
TAJ SHAH
POB 812317
BOCA RATON FL 33481-2317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DHARA BHORANIA
POB 812317
BOCA RATON FL 33481-2317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90003 044 ***550.00



DO NOT WRITE IN THIS SPACE

011887 AT

CR2E034 (5/01)

08/27/01

954-572-7269