2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P96000059718 1. Entity Name FILED TAJ IMPORTS INC. in the same of the same 00 MAR 10 AM 11: 47 Principal Place of Business (1) Apply 1997 - 1997 Mailing Address 13205 WHITEHAVEN LANE 13205 WHITEHAVEN LANE SECRETARY OF STATE STE 1603 STE 1603 FT MYERS FL 33912 FT MYERS FL 33912-1553 2. Principal Place of Business 3. Mailing Address 3158HEATHER RIDGELOU 13158 HEATHER RIDGE LOOF Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0681397 FORT HYERS ORT Not Applicable \$8.75 Additional 5. Certificate of Status Desired US 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent MANOJ CHANDOK CHANDOK, MANOJ 13205 WHITEHAVEN LANE STE 1603 FORT MYERS FL 33912 345412 FORT 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 100 3 300 OFFICERS AND DIRECTORS & SECTION : ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete D CHANDOK, MANOS TITLE المراوي المتات CHANDOK, MANOJ 13158 HEATHER RIDGE LOOP **CR2E034** 13205 WHITEHAVEN LANE #1603 STREET ADORESS CITY-ST-7P FORT HYERS, FL-33912 ST-ZIP FT MYERS FL 33912 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS 5000003178555 ST-ZIP CITY-ST-ZIP Delete ****T50.00 NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME *ining 25 STREET ADDRESS CITY-ST-ZIP ST-707 Change ☐ Addition ☐ Delete **TITLE** NAME STREET ADDRESS ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP 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 a address, with all other like empowered. ATURE: