

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 009 ***550.00

DOCUMENT # P96000082277

1. Entity Name

T.A.F.T., INC.

I MADE "SEVERAL REQUESTS" BY
 PHONE AND MAIL TO CHANGE MY ADDRESS
 SINCE JAN 2000.

Principal Place of Business

P.O. BOX 550 1284 PEREGRINE WAY
 FELDA FL 33930 WESTON, FL, 33327
 US

Mailing Address

P.O. BOX 550 1284 PEREGRINE WAY
 FELDA FL 33930 WESTON, FL, 33327
 US

2. Principal Place of Business

1284 PEREGRINE WAY, WESTON
 FL, 33327

3. Mailing Address

1284 PEREGRINE WAY
 WESTON, FL, 33327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

Zip

33327

Country

USA

Zip

33327

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0703135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAFOOR, TAFAZAL
 3301 COUNTY RD
 830
 FELDA FL 33930

GAFOOR, TAFAZAL
 1284 PEREGRINE WAY
 WESTON, FL, 33327

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 ☐ Delete
 NAME PD
 STREET ADDRESS GAFOOR, TAFAZAL F
 CITY-ST-ZIP P.O. BOX 550 1284 PEREGRINE WAY
 FELDA FL WESTON, FL, 33327

TITLE ☐ Delete
 NAME VDS
 STREET ADDRESS GAFOOR, DONNA
 CITY-ST-ZIP P.O. BOX 550 1284 PEREGRINE WAY
 FELDA FL WESTON, FL, 33327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: Tafazal Gafoor, TAFAZAL GAFOOR 8/11/02 854-659-0954
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)