

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082800

1. Entity Name

TAHJUD CORPORATION

Principal Place of Business

6975 A1A SOUTH  
SUITE #2  
ST. AUGUSTINE FL 32086

Mailing Address

6975 A1A SOUTH  
SUITE #2  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3407521

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZORI, SAID N  
6975 A1A SOUTH  
SUITE #2  
ST. AUGUSTINE FL 32086

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

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 \$150.00**  
**After MAY 1, 2001 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 PT ☒ Delete  
NAME ZORI, SAID NASIR  
STREET ADDRESS 6975 A1A SOUTH STE #2  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☒ Addition  
NAME president  
STREET ADDRESS HAZEM TURKEY BEN TATREEF  
CITY-ST-ZIP 6975 A1A SOUTH #2  
ST. AUGUSTINE, FL 32086

TITLE D ☒ Delete  
NAME HILL, PATRICIA HOPE  
STREET ADDRESS 5287 REDBIRD ROAD  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Change ☒ Addition  
NAME V.P.  
STREET ADDRESS SAID NADEA ZORI  
CITY-ST-ZIP 6975 A1A SOUTH #2  
ST. AUGUSTINE, FL 32086

TITLE VP ☒ Delete  
NAME HILL, DANIEL J  
STREET ADDRESS 5287 REDBIRD ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE D ☒ Delete  
NAME HILL, GIGI  
STREET ADDRESS 4131 N.W. 99TH TERRACE  
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90048 007 \*\*\*150.00

00018294



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)