

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028844

1. Entity Name

TAHA ENTERPRISES, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90008 004 \*\*\*150.00

Principal Place of Business

Mailing Address

3109 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

3109 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062-5010

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

65-0740204

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

TAHA, NADER  
3109 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

Name

KHALIL TAHA

Street Address (P.O. Box Number Not Acceptable)

830 S.E. 22 Ave #4

City

POMPANO BEACH FL

Zip Code

33062

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

Khalil Taha

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1.15.00

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, 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 ☒ Delete  
NAME P  
STREET ADDRESS TAHA, GARY  
CITY-ST-ZIP 2320 SE 8TH CT  
POMPANO BEACH FL 33062

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS TAHA, NADER  
CITY-ST-ZIP 830 SE 22ND AVE #1  
POMPANO BEACH FL 33062

TITLE ☐ Delete  
NAME T  
STREET ADDRESS TAHA, KHALIL  
CITY-ST-ZIP 830 SE 22ND AVE #4  
POMPANO BEACH FL 33062

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MASRI, ABBAS  
CITY-ST-ZIP 830 SE 22ND AVE #3  
POMPANO BEACH FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

Khalil Taha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.00

DATE

954-782-9667

Daytime Phone #

CR2E034 (9/99)