

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**  
 02-19-2002 90015 011 \*\*\*150.00

CR20034 (9/01)

**DOCUMENT # P97000046066**

1. Entity Name  
**TAJ INTERNATIONAL, INC.**

Principal Place of Business

**16500 NW 2ND AVE  
 MIAMI FL 33169**

Mailing Address

**16500 NW 2ND AVE  
 MIAMI FL 33169**

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 **65-0761337**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUGHAR, TERRY  
 16500 NW 2ND AVE  
 MIAMI FL 33169**

Name

**JERRY SINGH**

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

**18441 NW 2nd Avenue #101**

City

**Miami**

**FL**

**33169**

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.

**JERRY SINGH, President  
 TERRY MUGHAR**

**01-29-02**

(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, 2002 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 **D**  
 STREET ADDRESS **MUGHAR, TERRY**  
 CITY-ST-ZIP **16500 NW 2ND AVE  
 MIAMI FL 33169**

TITLE ☐ Change ☒ Addition  
 NAME **President**  
 STREET ADDRESS **Jerry Singh**  
 CITY-ST-ZIP **18441 NW 2nd Avenue #101  
 Miami, FL 33169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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

**JERRY SINGH, PRESIDENT**

**01-29-02**

Date

**(305) 945-2621**

Daytime Phone #