

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107123

1. Entity Name

TAM MANAGEMENT SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 20 PM 2:29

Principal Place of Business
8556 PALM PARKWAY
ORLANDO FL 32836

Mailing Address
8556 PALM PARKWAY
ORLANDO FL 32836

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

59-3483638

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KAY, JAMES R
AKERMAN, SENTERFITT & EDISON, PA
777 SOUTH FLAGLER DR, SUITE 900 EAST TOWER
WEST PALM BEACH FL 33401

Name and Address of New Registered Agent

KAY LAW OFFICES
Attn: James R. Kay, Esquire
11505 Fairchild Gardens Avenue, Suite 203
Palm Beach Gardens, FL 33410

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

5-1-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HASHWANI, HATIM
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☒ Delete
NAME AL-SAYED, EBRAHIM SHARIF
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete
NAME CLARK, SUSAN I
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300019744653
STREET ADDRESS 05/22/03--01.073--002
CITY-ST-ZIP **4637.50

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

CR2E034 (10/02)

0118209 AV