

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P 990000010918~~ P990000010918

1. Entity Name

TAFIYA ENGINEERING & MANAGEMENT SERVICES, INC.

Principal Place of Business

9621 SW 9TH COURT
HOLLYWOOD, FL. 33025

Mailing Address

9621 SW 9TH COURT
HOLLYWOOD FL 33025

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

65-0901446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOACHIM BAYAH

7. Name and Address of New Registered Agent

Name

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

9621 SW 9TH COURT

City

HOLLYWOOD

FL

Zip Code
33025

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)

4/28/00

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

TITLE P/S/D ☐ Delete
NAME JOACHIM BAYAH

STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Delete
NAME GLENDA ITIABA

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

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

9621 SW 9TH CT
HOLLYWOOD, FL 33025

TITLE ☒ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

9621 SW 9TH COURT
HOLLYWOOD, FL 33025

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)(f), 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
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90002 011 ***150.00

732440

DO NOT WRITE IN THIS SPACE

CR2004 (1/99)