

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90058 017 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000010918**

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1. Entity Name

TAFIYA ENGINEERING & MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14240 SW 36th COURT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

4. FEI Number

65-0901446

Applied For

Not Applicable

Zip

33027

County

BROWARD

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOACHIM BAYAH

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

14240 SW 36th COURT

City

MIRAMAR,

FL

33027

**DO NOT WRITE
IN THIS SPACE**

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 fee is applicable

(NOTE: Registered Agent Signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/T/D JOACHIM, BAYAH 14240 SW 36th COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GLENDA, ITIABA 14240 SW 36th COURT MIRAMAR, FL 33027
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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 on an attachment with an address, with all offices empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

(954) 450-6394