2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 22, 2001 8:00 am
Secretary of State
04-26-2001 90149 022 ****50.00
05-22-2001 90634 018 ***100.00

A0071233

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000050332

1. Entity Name

TAM I RESIDENTIAL HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O TAM REAL ESTATE FLORIDA. INC. 8556 PALM PARKWAY ORLANDO FL 32836	C/O TAM REAL ESTATE FLORIDA. INC. 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 59-3580020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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)   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, 2001 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		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HATIM, HASHWANI		NAME		
STREET ADDRESS	8556 PALM PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		CITY-ST-ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AL-SAYED, EBRAHIM S		NAME		
STREET ADDRESS	8556 PALM PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		CITY-ST-ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, SUSAN		NAME		
STREET ADDRESS	8556 PALM PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2F034 (10/00)

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: ____________________ 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #