

FROM :

FAX NO. :

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90470 001 \*\*\*150.00

DOCUMENT # **P99000052327**

1. Entity Name

**BEKERE & TASHU GROUP, INC.**

Principal Place of Business

Mailing Address

**1001 S. DALE MARY**  
**TAMPA FL 33629**
**A0063173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. Filer Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FASSIL GABREMARIAM**

Name

**5014 GUNN HWY**

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

**TAMPA FL 33624**

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 filer, as applicable

NOTE: Registered Agent signature required when (re)issuing

DATE

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

**FILE MONTHLY FEE IS \$150.00****ANNUAL 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 IN 11

TITLE **DP** ☐ DeleteNAME **FASSIL GABREMARIAM**STREET ADDRESS **5014 GUNN HWY**CITY-ST-ZIP **TAMPA FL 33624**TITLE **VP** ☐ DeleteNAME **GETACHEW KIDANE**STREET ADDRESS **5014 GUNN HWY**CITY-ST-ZIP **TAMPA FL 33624**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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System, if any

C-925A24 (1/1/00)