

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90063 048 ***150.00

DOCUMENT # P99000062290

1. Entity Name

TARAN MARKETING CONSULTANTS CORP.

Principal Place of Business

Mailing Address

~~200 E. ROBINSON STREET SUITE 500~~
~~ORLANDO FL 32801~~

200 E. ROBINSON STREET SUITE 500
 ORLANDO FL 32801-1956

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2. Principal Place of Business

779 Celebration Ave

3. Mailing Address

779 Celebration Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

CELEBRATION, FL

Zip
34747

Country
USA

Zip

34747

Country
USA

4. FEI Number

59-3587004

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA CORPORATE SUPPORT, INC.~~
~~200 E. ROBINSON STREET SUITE 500~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name **ELISSAR BOU SAAB**

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

City **Celebration**

FL

Zip Code **34747**

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] **2/28/2000**

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, 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 **D.** ☐ Delete
 NAME **GHANDOUR, HILMI**
 STREET ADDRESS **200 E. ROBINSON STREET SUITE 500**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **779 Celebration Avenue**
 CITY-ST-ZIP **Celebration, FL 34747**

TITLE **V/S** ☐ Change ☒ Addition
 NAME **ELISSAR BOU SAAB**
 STREET ADDRESS **779 Celebration Avenue**
 CITY-ST-ZIP **Celebration, FL 34747**

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

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

TITLE ☐ Change ☐ Addition
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 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #