

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062290

1. Entity Name

TARAN MARKETING CONSULTANTS CORP.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90114 017 ***150.00

Principal Place of Business

779 CELEBRATION AVE
CELEBRATION FL 34747
US

Mailing Address

779 CELEBRATION AVE
CELEBRATION FL 34747
US

2. Principal Place of Business

346 Park Ave North
Suite, Apt. #, etc.

3. Mailing Address

402 B ELDERBERRY CT
(PO BOX 470665)
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Celebration, FL

4. FEI Number

59-3587004

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAAB, ELISSAR B
779 CELEBRATION AVE
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

BOUSAAB, ELISSAR

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

402 B ELDERBERRY CT

City

Celebration FL

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, typed or printed name of registered agent and title if applicable.

ELISSAR BOUSAAB

(NOTE: Registered Agent signature required when reinstating)

1/12/2001

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

TITLE PD
NAME GHANDOUR, HILMI
STREET ADDRESS 779 CELEBRATION AVE
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE VS
NAME SABB, ELISSAR B
STREET ADDRESS 779 CELEBRATION AVE
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Hilmi Ghandour
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/2001

Daytime Phone #

407301472

CR2E034 (10/00)