

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90031 027 ***150.00

DOCUMENT # P99000062290

1. Entity Name
TARAN MARKETING CONSULTANTS CORP.

Principal Place of Business

~~346 PARK AVE NORTH~~
~~WINTER PARK FL 32789~~

US

FLA

Mailing Address

~~402 B ELDERBERRY CT~~~~PO BOX 478665~~~~CELEBRATION FL 34747~~

US

2. Principal Place of Business

200 E. Robinson Street

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Address

200 E. Robinson Street

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

Zip

32801

Country

USA



DO NOT WRITE IN THIS SPACE

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

~~BOUSAAB, ELISSAR~~~~402 B ELDERBERRY CT~~~~CELEBRATION FL 34747~~

7. Name and Address of New Registered Agent

Name

Hendry, Stoner, DeLancett & Brown, P.A.

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

200 E. Robinson Street

Suite 500

City

Orlando

FL

Zip Code
32801

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.

Hendry, Stoner, DeLancett & Brown, P.A.

SIGNATURE

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

(Typed name of registered agent 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.S.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 200 E. ROBINSON ST, # 500
CITY-ST-ZIP ORLANDO, FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V.P.D. ☐ Change ☒ Addition
NAME GHANDOUR, HADI
STREET ADDRESS 3115 SOUTH ORCHARD, APT 350
CITY-ST-ZIP LOS ANGELES, CA 90007TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)