2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075222 FILED 1. Entity Name TAST CORPORATION 00 OCT 13 AM 9: 40 Principal Place of Business Mailing Address SECRETARY OF STATE FIRE NW 177TH STREET 8301 NW 177TH STREET TALLAH/864E6. FYORIDA FL 33015 MIAMI FL 33015-3644 2. Principal Place of Business 3. Mailing Address ARLIN ALIENTA 1351-51 NO. ARLIM AVENCE 1351-61 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MB POKE 0945,226 4. FEI Number Applied For City & State City & State PTNE 5 65-0945 FL embrolli Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required BROWNED 33024 33 0ンソ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAHN, SOHAIL Street Address (P.O. Box Number is Not Acceptable) 8301 NW 177TH STREET **MIAMI FL 33015** City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TETLE PSD Delete TITLE NAME KAHN, SOHAIL NAME STREET ADORESS 8301 NW 177TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33015** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNATURE:

changed, or on an attachment with an ag

4.26.2000

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TAST CORPORATION

1351-61 No Palm Avenue Pembroke Pines, FL 33024

Florida Dept. of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Enclosed is the 2000 Uniform Business Report, for the year 2000, a correction to the federal identification number has been made.

Please note that the operation at our business location was supposed to have taken place in January 2000, however, it did not consummate until August of 2000. During this period we had several problem with respect to our mail and access to the premise, and therefore, we could respond to you on a timely basis. We do apologize for the delay.

Kindly accept this as timely filed.

Sincerely,

President