

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **99000075222**

1. Entity Name

TAST CORPORATION

Principal Place of Business

Mailing Address

1351 NO. PALM AVE.

1351 NO. PALM AVENUE

POMERLEAU PINES, FL 33026

POMERLEAU PINES, FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 NOV 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BUSHRA KHAN

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

8301 N.W. 177 STREET

City

MIAMI

FL

Zip Code

33015

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

Bushra S. Khan

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: **PD** **BUSHRA KHAN** ☐ Delete
NAME
STREET ADDRESS: **8301 N.W. 177th STREET**
CITY-ST-ZIP: **MIAMI, FL 33015**

TITLE: **V.P.** **SOHAEL KHAN** ☐ Delete
NAME
STREET ADDRESS: **8301 N.W. 177th STREET**
CITY-ST-ZIP: **MIAMI, FL 33015**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME
STREET ADDRESS: **500003492985--6**
CITY-ST-ZIP: **-12/11/00--01023--009**
*******61.25 *****61.25**

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

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

TITLE: ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other officers or directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)