

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000111525**1. Entity Name
TALIND, INC.

Principal Place of Business

10725 CLEARY BLVD., #307

PLANTATION

33324

FL

Mailing Address

10725 CLEARY BLVD., #307

PLANTATION

33324

FL

2. Principal Place of Business

6735 SW 195TH AVE

3. Mailing Address

6735 SW 195TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES

FL

City & State

PEMBROKE PINES

FL

Zip

33332

Country

Zip

33332

Country

4. FEI Number

65-0969692

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LIND TODD A
10725 CLEARY BLVD., #307

PLANTATION

33324

FL

7. Name and Address of New Registered Agent

Name

LIND TODD A

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

6735 SW 195TH AVE

City

PEMBROKE PINES

FL

Zip Code

33332

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)

04/23/2001

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 D ☐ Delete
NAME LIND TODD A
STREET ADDRESS 10725 CLEARY BLVD., #307
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ 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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME LIND TODD A
STREET ADDRESS 6735 SW 195TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33332TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Todd A Lind

D

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)