

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90096 032 \*\*\*150.00

DOCUMENT # S48509

1. Corporation Name  
TATA ENTERPRISES, INC.

Principal Place of Business

5790 RODMAN ST. #5  
HOLLYWOOD FL 33023

Mailing Address

5790 RODMAN ST. #5  
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

4. FEI Number

65-0329340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SAMUELS, MARCIA B  
20443 NW 28TH CT  
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name SAMUELS, MARCIA B

82 Street Address (P.O. Box Numbers Not Acceptable)  
7170 SW 8TH STREET

83

84 City PEMBROKE PINES

FL

85 Zip Code 33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SAMUELS, GENE A  
STREET ADDRESS 20443 NW 28TH CT.  
CITY-ST-ZIP MIAMI FL 33056

TITLE SD ☐ DELETE

NAME SAMUELS, MARCIA B  
STREET ADDRESS 20443 NW 28TH CT.  
CITY-ST-ZIP MIAMI FL 33055

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME SAMUELS, GENE A.  
1.3 STREET ADDRESS 7170 SW 8TH STREET  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME SAMUELS, MARCIA B  
2.3 STREET ADDRESS 7170 SW 8TH STREET.  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/29/99

Date

(954) 987-0030

Daytime Phone #

CR2E034 (11/98)

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