

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48509

1. Entity Name

TATA ENTERPRISES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90089 005 ***150.00

Principal Place of Business

Mailing Address

5790 RODMAN ST. #5
HOLLYWOOD FL 33023

7170 SW 8TH STREET
PEMBROKE PINES FL 33023-1637

2. Principal Place of Business

7170 SW 8TH ST.

Suite, Apt. #, etc.

3. Mailing Address

7170 SW 8TH ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL City & State PEMBROKE PINES, FL 4. FEI Number 65-0329340 Applied For ☐ Not Applicable ☐

Zip 33023 Country USA Zip 33023 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUELS, MARCIA B
7170 SW 8TH ST
PEMBROKE PINES FL 33023

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUELS, GENE A 7170 SW 8TH STREET PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUELS, MARCIA B 7170 SW 8TH STREET PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Gene Samuels GENE SAMUELS

4/29/00 981-4943

Daytime Phone #

CR2E034 (9/99)