

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 040 ***150.00

DOCUMENT # S68310

1. Entity Name

TAFT & DOUGLAS CENTER, INC.

Principal Place of Business

Mailing Address

3121 W HALLANDALE BCH BLVD
 STE 102
 PEMBROKE PINES FL 33009-5149
 US

3121 W HALLANDALE BCH BLVD
 STE 102
 PEMBROKE PINES FL 33009-5149
 US

2. Principal Place of Business

3. Mailing Address

3121 W. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 121

City & State

City & State
 PEMBROKE PARK FLORIDA

4. FEI Number

65-0278228

Applied For

Not Applicable

Zip

Country

Zip

33009

Country

US

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

JAZAYRI, SAM
 2401 SW 31ST AVENUE
 PEMBROKE PARK FL 33009

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 Delete
 NAME DP
 STREET ADDRESS JAZAYRI, SAM
 CITY-ST-ZIP 3121 W HALLANDALE BCH BLVD
 PEMBROKE PARK FL 33009-5149

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS TAVONE, JACK
 CITY-ST-ZIP 2315 SW 31 AVE
 HALLANDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 like empowered.

SIGNATURE:

SAM JAZAYRI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000
 Date

954-981-1154
 Daytime Phone #

CR2E034 (9/99)