FILED

2002 Uniform Business Report (UBR)

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State V08849 DOCUMENT # 1. Entity Name 04-11-2002 90691 032 ***150 00 TALA CONSTRUCTION COMPANY Principal Place of Business Mailing Address 7215 NORTHWEST 12TH STREET 7215 NORTHWEST 12TH STREET MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0311931 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JALAI-BIDGOLI, HASSAN Street Address (P.O. Box Number is Not Acceptable) 7215 NW 12TH STREET **MIAMI FL 33126** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Addition CR2E034 (9/01) TITLE ☐ Delete JALALI-BIDGOLI, HASSAN NAME NAME 7215 NW 12TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-ZIP **PSD** TITLE ☐ Delete TITLE ☐ Change Addition JALALI-BIDGOLI, HASSAN NAME NAME 7215 NW 12TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fifth does indicated on this report or supplemental report is true and account of the corporation or the receiver or justee employeed to execute. peen of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information surals and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feet whis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered.