

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 037 ***150.00

DOCUMENT # P40289
 1. Entity Name
TALA CORP.

Principal Place of Business 600 HOUZE WAY STE B-6 ROSWELL GA 30076	Mailing Address 600 HOUZE WAY STE B-6 ROSWELL GA 30076-1432
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B0007014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 32392 COAST HWY Suite, Apt. #, etc. #150 City & State LAGUNA BEACH, CA Zip 92651 Country U.S.A.	3. Mailing Address 32392 COAST HWY Suite, Apt. #, etc. #150 City & State LAGUNA BEACH, CA Zip 92651 Country U.S.A.
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4. FEI Number 58-1706121	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
CHRIS CADENHEAD
420 E. PINE VIEW AVENUE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent
 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 _____ (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	CP MALAS, MOHANNAD 31591 BLUFF DR. LAGUNA BCH CA 92651 <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	S MALAS, RANA 31591 BLUFF DR. LAGUNA BCH CA 92651 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **REMOHANNAD MALAS** 1/7/2000 (949) 499-513
 _____ Date _____ Daytime Phone # _____