

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90304 011 \*\*\*150.00

0125114

**DOCUMENT # P00000048121**

1. Entity Name

**T. A. BUSINESS DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**2401 N. RIVERSIDE DRIVE  
 POMPAÑO BEACH FL 33062**

**2401 N. RIVERSIDE DRIVE  
 POMPAÑO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

**1 South Ocean Boulevard**

**1 South Ocean Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 205**

**Suite 205**

City & State

City & State

**Boca Raton, FL**

**Boca Raton, FL**

4. FEI Number

Applied For

**65-1007506**

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

Zip

Country

**33432**

**Palm Beach**

Zip

Country

**33432**

**Palm Beach**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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, 2001 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 **D KRAUSE, WERNER**  
 STREET ADDRESS **2401 N. RIVERSIDE DRIVE**  
 CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ARCAINI, ANTONIO**  
 STREET ADDRESS **LE SAINT ANDRE' 20**  
 CITY-ST-ZIP **BOULEVARD DE SUISSE MONACO**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE