

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90050 039 ***158.75

DOCUMENT # P94000039998

1. Entity Name
TAP HOLDINGS, INC.

Principal Place of Business

C/O SERGIO R. PENTON, P.A.
 3191 CORAL WAY SUITE #200
 MIAMI FL 33145

Mailing Address

C/O SERGIO R. PENTON, P.A.
 3191 CORAL WAY SUITE #200
 MIAMI FL 33145-3219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 C/O Sergio R. Penton, P.A.
 780 N.W. LeJeune Rd.
 Suite, Apt. #, etc.
 #427

City & State
 Miami, FL

Zip
 33126

Country
 USA

3. Mailing Address
 C/O Sergio R. Penton, P.A.
 780 N.W. LeJeune Rd.
 Suite, Apt. #, etc.
 #427

City & State
 Miami, FL

Zip
 33126

Country
 USA

4. FEI Number **59-2222802** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENTON, SERGIO R
 3191 CORAL WAY
 SUITE #200
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
 Sergio R. Penton
 Street Address (R.D. Box Number is Not Acceptable)
 780 N.W. LeJeune Rd., Suite 427
 City
 Miami, Florida 33126
 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 Sergio R. Penton 03/10/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEZARRETA, MODESTO 1740 S. BAYSHORE LANE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENTON, SERGIO R 3191 CORAL WAY STE 200 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sergio R. Penton 780 N.W. LeJeune Rd., Suite 427 Miami, Florida 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Sergio R. Penton 03/10/00 (305) 448-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #