## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # P94000039998 1. Entity Name 05-02-2002 90044 044 \*\*\*158.75 TAP HOLDINGS, INC. Principal Place of Business Mailing Address C/O SERGIO R. PENTON, P.A. C/O SERGIO R. PENTON, P.A. 780 NW LEJEVNE RD #427 780 NW LEJEVNE RD #427 MIAMI FL-33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2222802 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENTON, SERGIO R Street Address (P.O. Box Number is Not Acceptable) 780 NW LEJEUNE RD STE 427 MIAM! FL 33126 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **ECHEZARRETA. MODESTO** NAME STREET ADDRESS 1740 S. BAYSHORE LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change STD ☐ Addition NAME PENTON, SERGIO R NAME STREET ADDRESS STREET ADDRESS 780 NW LEJEUNE RD STE 427 CITY-ST-7IP CITY-ST-ZIP <u>MIAMI FL 33126</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 eath; 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

CITY-ST-7IP

04/19/02 (300) 448-1362
Date Dayline Phone #

FILED