

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19348

1. Entity Name
MICHAEL TARRE, P.A.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90172 046 ***150.00

Principal Place of Business

2655 LEJEUNE ROAD
1109
CORAL GABLES FL 33134
US

Mailing Address

2655 LEJEUNE ROAD
1109
CORAL GABLES FL 33134
US

C0047054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two So. Biscayne Blvd.

Suite, Apt. #, etc.

3250

3. Mailing Address

Two So. Biscayne BLVD.

Suite, Apt. #, etc.

3250

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

Zip

33131

Country

Miami-Dade

4. FEI Number **59-2688141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARRE, MICHAEL
2655 LEJUNE ROAD
SUITE 1109
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
MICHAEL Tarre

Street Address (P.O. Box Number is Not Acceptable)

Two South Biscayne Blvd. #3250

City
Miami

FL

Zip Code
33131

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 Michael Tarre / Michael Tarre

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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

TITLE **DP** ☐ Delete
NAME **TARRE, MICHAEL**
STREET ADDRESS **2655 LEJEUNE RD #1109**
CITY-ST-ZIP **CORAL GABLES FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE ☐ Change ☐ Addition
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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: Michael Tarre / MICHAEL TARRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

DATE

305/442 82 55

DAYTIME PHONE #

CR2E034 (10/00)