

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90020 019 \*\*\*550.00

**DOCUMENT #** 552875

1. Entity Name

TAMMY REALTY CORP.

Principal Place of Business

2600 Douglas Rd., Ste 510  
 Coral Gables, FL 33134

Mailing Address

2600 Douglas Rd., Ste 510  
 Coral Gables, FL 33134

2. Principal Place of Business

217 ARAÇON AVE.

~~4881 Hammock Lake Dr.~~

3. Mailing Address

217 ARAÇON AVE.

~~4881 Hammock Lake Dr.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES,  
 FL

City & State

CORAL GABLES,  
 FL

4. FEI Number

591807418

Applied For

Not Applicable

Zip

~~33156~~ 33134

Country

USA

Zip

~~33156~~ 33134

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES D. ROBBINS

Katz, Barron, Squitiero Faust & Berman

2699 South Bayshore Dr., 7th Floor

Miami, FL 33133

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, 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          | SDTV                       | <input type="checkbox"/> Delete |
| NAME           | ADLER, Irwin               |                                 |
| STREET ADDRESS | 2600 Douglas Rd., Ste. 510 |                                 |
| CITY-ST-ZIP    | Coral Gables, FL 33134     |                                 |
| TITLE          | DP                         | <input type="checkbox"/> Delete |
| NAME           | COLEMAN, Jacqueline        |                                 |
| STREET ADDRESS | 2600 Douglas Rd., #510     |                                 |
| CITY-ST-ZIP    | Coral Gables, FL 33134     |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | ADLER, Helene              |                                 |
| STREET ADDRESS | 2600 Douglas Rd., #510     |                                 |
| CITY-ST-ZIP    | Coral Gables, FL 33134     |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |  |  |
|----------------|--|--|
| TITLE          | SDTV   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ADLER, Irwin   |  |
| STREET ADDRESS | <del>4881 Hammock Lake Dr.</del> 217 ARAÇON AVE.     |  |
| CITY-ST-ZIP    | <del>Miami, FL 33156</del> CORAL GABLES,<br>FL 33134 |  |
| TITLE          | DP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | COLEMAN, Jacqueline                                  |  |
| STREET ADDRESS | <del>4881 Hammock Lake Dr.</del> 217 ARAÇON AVE.     |  |
| CITY-ST-ZIP    | <del>Miami, FL 33156</del> CORAL GABLES,<br>FL 33134 |  |
| TITLE          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ADLER, Helene  |  |
| STREET ADDRESS | <del>4881 Hammock Lake Dr.</del> 217 ARAÇON AVE.     |  |
| CITY-ST-ZIP    | <del>Miami, FL 33156</del> CORAL GABLES,<br>FL 33134 |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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

JACQUELINE COLEMAN

Director/PRES.

9/7/00

Date

(305) 442-2340

Daytime Phone #

CR2E034 (9/99)