

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

2. Principal Place of Business **217 ARAÇON AVE** 3. Mailing Address **217 ARAÇON AVE.**
~~4881 Hammock Lake Dr.~~ ~~4881 Hammock Lake Dr.~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **CORAL GABLES, FL** City & State **CORAL GABLES, FL**
~~Miami, FL~~ ~~Miami, FL~~
 Zip **33156 33134** Country **USA** Zip **33156 33134** Country **USA**

4. FEI Number **591807418** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

A0076932

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHARLES D. ROBBINS
Katz, Barron, Squitiero Faust & Berman
2699 South Bayshore Dr., 7th Floor
Miami, FL 33133

7. Name and Address of New Registered Agent
 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 _____ (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	SDIV	<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: JACQUELINE COLEMAN Director/PRES. Date 9/7/00 Daytime Phone # (305) 442-2340

CR2E034 (9/99)