

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552875

1. Entity Name  
TAMMY REALTY CORP.

Principal Place of Business  
217 ARAGON AVE  
CORAL GABLES FL 33134

Mailing Address  
217 ARAGON AVE  
CORAL GABLES FL 33134

2. Principal Place of Business  
217 ARAGON AVE.

3. Mailing Address  
217 ARAGON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SAME

City & State  
SAME

Zip Country

Zip Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 PM 5:55



REINSTATEMENT

4. FEI Number 59-1807418

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROBBINS, CHARLES D. P.A.  
KATZ-BARRON, SQUIERO, FAUST & BERMAN  
2699 S. BAYSHORE DRIVE  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name SAME  
Street Address (P.O. Box Number is Not Acceptable)  
5214 LA GORCE DR  
500004663655-6  
City MIAMI BEACH, FL 33140  
11/02/01 01016-011  
\*\*\*750.00 \*\*\*750.00

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 Charles D. Robbins

10/4/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 SDTV  
NAME ADLER, IRWIN  
STREET ADDRESS 2600 DOUGLAS RD. STE 510  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DP  
NAME COLEMAN, JACQUELINE  
STREET ADDRESS 2600 DOUGLAS RD. STE 510  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D  
NAME ADLER, HELENE  
STREET ADDRESS 2600 DOUGLAS RD. STE 510  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME  
NAME 217 ARAGON AVE.  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE SAME  
NAME 217 ARAGON AVE.  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE SAME  
NAME 217 ARAGON AVE.  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED

DP

Date

Daytime Phone #

(305) 817-4041

0142131 SP

CR2E034 (5/01)