

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **552875**

1. Entity Name
TAMMY REALTY CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 5:55

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

City & State
SAME

City & State
SAME

REINSTATEMENT DO NOT WRITE IN THIS SPACE **01**

4. FEI Number **59-1807418** Applied For Not Applicable

Zip Country Zip Country

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

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

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
**5214 LA GORCE DR
500004663655-6**
City **MIAMI BEACH, FL** Zip Code **33140**

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**

DATE **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

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. STE 510	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, HELENE	
STREET ADDRESS	2600 DOUGLAS RD. STE 510	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, IRWIN	
STREET ADDRESS	217 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JACQUELINE	
STREET ADDRESS	217 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, HELENE	
STREET ADDRESS	217 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE		<input type="checkbox"/> Delete
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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 REQUIRED** **DP** Date **(305) 817-4041** Daytime Phone #

0142131 SP

CR2E034 (5/01)