

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847235

1. Entity Name

TAP (FIVE), INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90138 006 ***150.00

Principal Place of Business

140 INTRACOASTAL PT. DR.
SUITE #212
JUPITER FL 33477
US

Mailing Address

P.O. BOX 3659
TEQUESTA FL 33469
US

CUU45545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

66 Palmer Avenue

Suite, Apt. #, etc.

Suite 43

City & State

Bronxville NY

Zip 10708

Country

Westchester

3. Mailing Address

66 Palmer Avenue

Suite, Apt. #, etc.

Suite 43

City & State

Bronxville NY

Zip 10708

Country

Westchester

4. FEI Number

98-0041374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID H. GIBBONS
4966 COUNTY LINE RD.
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

Seth I. Cohen, Esq.

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

2000 N. Military Trail - Suite 111

City

Boon Raton

FL

Zip Code

33031

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD GIBBONS, DAVID H 4966 COUNTY LINE RD TEQUESTA FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT LA SALA, THOMAS 66 PALMER AVENUE BRONXVILLE NY 10708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BROZMAN, SHEP 360 E 65TH ST NEW YORK NY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Shep Brozman 820 Park Avenue N.Y., N.Y. 10021 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

Thomas E LaSala

3/29/01

Date

914/779-5100

Daytime Phone #

CR2E034 (10/00)