

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005530

1. Entity Name
TBH HOLDINGS INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90117 001 ***150.00

Principal Place of Business
C/O CATERING COORDINATION & ADMINISTRATION
2307 S. DOUGLAS ROAD. NO. 403
MIAMI FL 33145

Mailing Address
C/O CATERING COORDINATION & ADMINISTRATION
2307 S. DOUGLAS ROAD. NO. 403
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-1028308	Applied For
		Not Applicable

5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	SCHULTZ, GUILLERMO	NAME	
STREET ADDRESS	6116 EXECUTIVE BLVD., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MUFFLY, ROBERT C	NAME	
STREET ADDRESS	299 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	KHATCHIKIAN, CARIN V	NAME	
STREET ADDRESS	299 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	LAMPE, FRED	NAME	
STREET ADDRESS	2307 SOUTH DOUGLAS ROAD, NO. 403	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: F. LAMPE 1/14/01 305-448-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)