2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State

1. Entity/hatmin 1. TABOR & ASSOCIATES, INC. Principal Place of Business 1. Mart In TABOR & ASSOCIATES, INC. Principal Place of Business 1. Mart Inc. 1. STE 206 MIAMI PL 33.172 MIAMI PL 33.166 US 2. Principal Place of Business 1. Mailing Address 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEI Number 5. STE 206 MIAMI PL 33.172 A Pagillad For Country 2. Country 2. Country 3. Coefficients of Status Desired 8. Rome and Address of Current Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 4. Rome and Address of the Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 6. Name and Address of the Registered Agent 1. Name 5. Rome Address of Current Registered Agent 1. Name 6. Rome and Address of the Rome Registered Agent 1. Name 6. Rome and Address of the Rome Registered Agent 1. Name 6. Rome and Address of the Rome Registered Agent 1. Name 6. Rome and Address of the Rome Registered Agent 1. Name 6. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome Registered Agent 1. Rome and Address of the Rome	росп	MENT # F82880				Secretary	of State	
Pincipal Pilace of Business Mailling Address STE 201-A STE 206 MTAMI FL 33172 MTAMI FL 33166 US US US 2. Principal Pilace of Business S. Mailling Address Suite, Apt. #. etc. Suite, Apt. #. etc. City & State Country S. Centificate of Status Desired Not Applicable Total Country S. Centificate of Status Desired Not Applicable North Pilace Not Applicable North Pilace Not Applicable North Pilace		- 				-		
Pincipal Pilace of Business Mailling Address STE 201-A STE 206 MTAMI FL 33172 MTAMI FL 33166 US US US 2. Principal Pilace of Business S. Mailling Address Suite, Apt. #. etc. Suite, Apt. #. etc. City & State Country S. Centificate of Status Desired Not Applicable Total Country S. Centificate of Status Desired Not Applicable North Pilace Not Applicable North Pilace Not Applicable North Pilace					η			
10.451 NW 33 ST STE 206 NM 53 TERRACE STE 201-A STE 201-A STE 206 NTAMI FL 33172 MTAMI FL 33166 SUBMIT STEED STEE	MARTIN	TABOR & ASSOCIA	TES, INC.					
STE 201-A STE 206 A MITAMI FL 33172 Sulte, Apt #, etc. Sulte, Apt #, etc. City & State Signature typed or printed name of registered Agent Name Street Address (PO. Box Number is Not Acceptable) City & State City & FL Zip Code And Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) City & FL Zip Code City & FL Zip Code After MAY 1, 2017 Fee will be \$550.00 After MAY 1, 2017 Fee will			<u> </u>					
MIAMI FL 33172 MIAMI FL 33166 US 2. Finicipal Place of Business 3. Melling Address Suite, Apt. 4, etc. City & State City	10451	NW 33 ST	8525 NW 53	TERRACE				
Suite. Apt. #, etc. City & State A FEI Number A Applee For Man Appleed For Sp. 2, 1958 4.3 Scarticate of Status Desired For Required Fee Required	1							
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State City & State Country Streat Address of Nour Registered Agent Name						100679	534	
Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE								
City & State Country Sp. 75 Additional For Required Street Address of Status Desired St. 75 Additional For Required For Registered Agent City For Registered Agent signature required when remistiring For Registered Agent signature required signature required when remistiring For Registered Agent signature required when remistiring For Re	2. Principal i	riace of business	3. Maining Address		'			
Zip Country Zip Country S. Certificate of Status Desired X \$3.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 10.451 NW 33 ST SUITE 201A MIAMI FL 33172 6. The above named entity submits this statement for the purpose of changing its registered dince or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and stie if applicable. POTE Registered Agent signature required when reinstating) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$500.00 After MAY 1, 2001 Fee will be \$600.00 After MAY 1, 2001 Fee will be \$600.00 After MAY 1, 2001 Fee will b	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
Zip Country Zip Country S. Certificate of Status Desired S. \$2.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Name 7. Name and Address of New Registered Agent 7. Name 7. N	Cib. 9 Sta	to.	City & State			FI Number	Applied For	
Signature Special processes Special proc	City & Sta	t e	City & State					
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	Zip	Country	Zip	Country		artificate of Status Desired 😾 \$		
MARTIN TABOR 10.451. NW 33 ST SUITTE 20.1A MIAMI FL 33.172 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 stile if applicable. Name Street Address (P.O. Box Number is Not Acceptable) The Company of 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 stile if applicable. Nate Impressive Agent				<u> </u>		== F(
DATE TABOR		6. Name and Address of Current	Registered Agent	Name	. 1. Ni	ame and Address of New Registered A	gent	
Clay FL Zip Code		•		Stroot Add	roce (P.O.	Roy Number is Not Acceptable)	.	
SUITE 201A MIANT FL 33172 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) 10. Election Campaign Financing Trust Fund Contribution. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 20	l			Street Add		Box Namber 13 Not Acceptable)		
### Addion ### Ad								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floridas. SIGNATURE Signature, typed or printed name of registered agent and tuite if applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its intangible (See criteria on back) After MAY 1, 2001 Fee will be \$550.00				City	···	FI	Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its intangible (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) The many formation of the corporation of the corporat	8 The above	PLI 331/2	for the purpose of changin	a its registered office	or register			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Steer MAY 1, 2001 Fee will be \$50.00 After MAY 1, 2001 Fee will be \$50.00 Added to Fees Add	0. THE 200VE	s harried entity addition that statement	tion the purpose of orderight	g 110 10 5 10 10 10 1		,		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Steer MAY 1, 2001 Fee will be \$50.00 After MAY 1, 2001 Fee will be \$50.00 Added to Fees Add								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Debug Debug			tered agent and title if applicable	a (NOTE: Registe	red Anent si	innature required when reinstating) DAT	_ 	
Tax filing requirement and elects to do so.		Signature, typed or printed hante or regist	leted agent and the it application	e. (110.12.11egiste	rear agent a	T		
Task filing requirement and elects to do so. Actor MAT 1, 2001 Fee Will be \$350000 Make Check Payable to Department of State						10. Election Campaign Financing	\$5.00 May Be	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD						Trust Fund Contribution.		
TITLE PD Deele TITLE Dee	11	OFFICERS AND C				I IONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
CITY - ST - 2P MIAMI FL 33172	···					<u> </u>		
CITY - ST - 2P MIAMI FL 33172	1							
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP								
NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Charge Addition NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Charge Addition NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET A		MIAMI FL 331/2	Delete				Change Addition	
TITLE Delete TITLE NAME NAME STREET ADDRESS						_		
TITLE Delete TITLE NAME STREET ADDRESS								
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY			☐ Delete				Change Addition	
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NA	l				,		_ · _	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS							
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 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 trusted and decrease 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 trusted and decrease 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 trusted 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 trusted 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 trusted 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 trusted 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 trusted 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 trusted 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 trusted and that my signature shall have the same legal eff			Delate				Change Addition	
STREET ADDRESS CITY - ST - ZIP TITLE Dekete TITLE MAME MAME STREET ADDRESS CITY - ST - ZIP TITLE Dekete TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME MAME STREET ADDRESS CITY - ST - ZIP Change Addition NAME MAME STREET ADDRESS CITY - ST - ZIP Change Addition NAME MAME 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-an ap-attachgrapt with an address, with all other like empowered.	l		L Delete			L		
Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE OBJECT NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE OBJECT TORESS CITY - ST - ZIP TORESS CITY - ST - ZIP TORESS CITY - ST - ZIP TORESS TREET ADDRESS CITY - ST - ZIP TORESS TREET ADDRESS TREE	ł					•		
NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Charge 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 an apattachmant with an address, with all other like empowered.	CITY - ST - ZIP						Change Labert	
STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Charge 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 an apattachmant with an address, with all other like empowered.			Delete			L	☐ Crientige ☐ Applica	
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 an apattachment with an address, with all other like empowered.	l							
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 an apattachmant with an address, with all other like empowered.	l			CITY - ST - ZIP				
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 an apartachment with an address, with all other like empowered.	1		Delete				Change Addition	
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 an aptrachment with an address, with all other like empowered.	l							
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 an apattachment with an address, with all other like empowered.	ł ·		•					
information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.	13 I boroby o	ertify that the information supplied wit	h this filing does not qualify	for the exemption sta	ted in Sec	tion 119.07(3)(i), Florida Statutes. I furthe	er certify that the	
in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	informatio	a indicated on this report or suppleme	ental report is true and accu	urate and that my sign	ature shal	i have the same legal effect as if made u	nder oath; that I am ar	
SIGNATURE: //27/01 305-592-4775	in Block 1	1 or Block 12 if changed, or on an atte	chment with an address, w	iith all other like empo	owered.			
	SIGNAT	URE:	/////////	M41	A 7,'~	1.7481/ 4/27/01	1505-592-4778	

STF FL32381F.1