## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 26, 2001 8:00 am **DOCUMENT # G22459 Secretary of State** 1. Entity Name THOMAS L. TATHAM AND BERNICE TATHAM, INC. 01-26-2001 90092 011 \*\*\*150.00 Principal Place of Business Mailing Address 2600 SW 27TH AVE 2600 SW 27TH AVE MIAMI FL 33133 MIAM! FL 33133 **AEELLUUN** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0847201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, MARLENE T. Street Address (P.O. Box Number is Not Acceptable) 2600 SW 27TH AVE **MIAMI FL 33133** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change Addition TITI F TITLE TATHAM, BERNICE NAME STREET ADDRESS 2600 SW 27 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 33133 ☐ Change TITLE ☐ Delete ☐ Addition NAME TAYLOR, MARLENE T STREET ADDRESS 2600 SW 27 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 empowere

SIGNATURE:

1-12-01