

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J02649****1. Entity Name**  
**TANGENT ASSOCIATES, INC.****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90140 020 \*\*\*150.00

**600181**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
5000 SW 52ND ST.  
SUITE 501  
DAVIE FL 33314  
US**Mailing Address**  
2431 SW 28TH AVE.  
FT. LAUDERDALE FL 33312**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-2641273

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**WEISS, STEVEN A.  
5000 SW 52ND ST #501  
DAVIE FL 33314**7. Name and Address of New Registered Agent**

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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** DP ☐ Delete  
**NAME** WEISS, STEVEN A.  
**STREET ADDRESS** 2431 SW 28TH AVE.  
**CITY-ST-ZIP** FT. LAUDERDALE FL 33312**TITLE** DVP ☐ Delete  
**NAME** WEISS, NORA L.  
**STREET ADDRESS** 2431 SW 28TH AVE.  
**CITY-ST-ZIP** FT. LAUDERDALE FL 33312**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

CR2E034 (10/00)

**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

STEVEN A. WEISS

Date

1/4/2001

Daytime Phone #

954-777-9883