

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90085 013 \*\*\*550.00

**DOCUMENT # K38627**

1. Entity Name  
**TFB PROPERTIES, INC.**

Principal Place of Business

**2800 PONCE DE LEON BLVD  
 9TH FLOOR  
 MIAMI FL 33134  
 US**

Mailing Address

**2800 PONCE DE LEON BLVD  
 9TH FLOOR  
 MIAMI FL 33134  
 US**

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 **65-0077876**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ROZA, FRANK J ESQ  
 2800 PONCE DE LEON BLVD  
 7TH FLOOR  
 CORAL GABLES FL 33134**

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE **PD** ☐ Delete  
 NAME **TANIS, ROY D**  
 STREET ADDRESS **2800 PONCE DE LEON BLVD 7TH FLOOR**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete  
 NAME **ROZA, FRANK J ESQ**  
 STREET ADDRESS **2800 PONCE DE LEON BLVD 7H FLOOR**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VP** ☐ Delete  
 NAME **GRATTAN, BARBARA**  
 STREET ADDRESS **1489 WEST PALMETTO PARK ROAD**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **T** ☐ Delete  
 NAME **SOLER, ELSA**  
 STREET ADDRESS **2800 PONCE DE LEON BLVD 7TH FLOOR**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete  
 NAME **HOLTZ, JAVIER J**  
 STREET ADDRESS **1221 BRICKELL AVE., SUITE 600**  
 CITY-ST-ZIP **MIAMI FL 33131**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02

Date

Daytime Phone #

CR2E034 (4/02)