

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M41523

1. Entity Name

TALE'S OF MIAMI INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90087 047 ***158.75

Principal Place of Business

10101 COLLINS AVE.
SUITE 11F
BAL HARBOR FL 33154
US

Mailing Address

8 CHESTNUT LANE
WOODBURY NY 11797

00008953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10101 COLLINS Ave
Suite, Apt. #, etc.
Apt 11F

3. Mailing Address

10101 COLLINS Ave
Suite, Apt. #, etc.
Apt 11F

City & State

BAL Harbour Fla

City & State

BAL Harbour Fla

4. FEI Number

59-2748495

Applied For

Not Applicable

Zip

Country

33154

Zip

Country

33154

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TACHER, PERLA
10101 COLLINS AVE.
SUITE 11F
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name: PERLA TACHER
Street Address (P.O. Box Number is Not Acceptable): 10101 COLLINS Ave Apt 11F
BAL Harbour
City: FLORIDA FL Zip Code: 33154

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

Perla Tacher PERLA Tacher

JAN-18-2001

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEVY, RUBEN	
STREET ADDRESS	8816 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	TACHER, PERLA	
STREET ADDRESS	10101 COLLINS AVE., STE. 11F	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Perla Tacher PERLA Tacher JAN-18-2001

Date

Daytime Phone #

(305) 866-5662

CR2E034 (10/00)