2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33186

3. Mailing Address

13321 S.W. 124TH ST., SUITE 100

DOCUMENT # M64975

1. Entity Name

MIAMI FL 33186

T.B.E. CORPORATION INC.

Principal Place of Business

13321 S.W. 124TH ST., SUITE 100

2. Principal Place of Business



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90189 018 ***150.00

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,							65-0021477			Not Applic	cable	
Zip		Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Curre	nt Registere	ed Agent		7	. Name and Address of New Re	gistered	Agent			
•					Name						-	
EICMAN T	HOMAS R											
EISMAN, THOMAS B 13321 SW 124TH ST					Street Add	Street Address (P.O. Box Number is Not Acceptable)						
13321 SW	1241H SI				,							
#100												
MIAMI FL 33186					City	ty FL Zip Code						
8 The above	named entity	submits this statemen	t for the purp	pose of changing its re	egistered office or re	egistered	agent, or both, in the State of Flor	ida. I am	familiar wi	th, and acc	cept	
	ions of regist			J J	Ŭ	•	-					
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SIGNATURE.		· · · · · · · · · · · · · · · · · · ·		AIOTE /	Registered Agent signature	roquired wh	on reinstation)	DATE			-	
	Signature, typed	or printed name of egistered or	ent and title it app	plicable. (NOTE: F	registered Agent signature	required win	er remodulity)					
2 F	ILE NOW!!	! FEE S \$150.00)				6 Floation Compaign Fina	noina	ΦE	: 00	D-	
After May 1, 2003 Fee w4 be \$550.00				Selection Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees				
		Florida Departmen					Noor and Comment					
10.		OFFICERS A	ND DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTO	ORS IN 11		
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12. I hereby certify that the information surplied 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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment virtual address, which other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

305-233-1995 Daytime Phone # CR2E034 (10/