

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90016 008 ****61.25

DOCUMENT # N00000007826

1. Entity Name
TACHMES GALLERY, INC.

00057333



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ALEX I. TACHMES, ESQ. 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131	Mailing Address C/O ALEX I. TACHMES, ESQ. 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131
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2. Principal Place of Business TACHMES GALLERY Suite, Apt. #, etc. 817 NE 125th ST. City & State N. MIAMI, FLA	3. Mailing Address SAME Suite, Apt. #, etc. City & State
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Zip 33161	Country USA	Zip Country	4. FEI Number 65-1067373	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TACHMES, ALEXANDER I ESQ 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131	7. Name and Address of New Registered Agent Name LEONARD TACHMES, M.D. Street Address (P.O. Box Number is Not Acceptable) 817 NE 125th ST. City N. MIAMI FL Zip Code 33161
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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: **LEONARD TACHMES** DATE: **5/30/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input type="checkbox"/> Delete TACHMES, LEONARD 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TACHMES, ALEXANDER I 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LITTER, DORA 100 SE 2ND STREET SUITE 3920 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 817 NE 125th ST N. MIAMI, FLA 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **5/30/01** DAYTIME PHONE #: **305 798-4057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)