

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90018 011 ****61.25

DOCUMENT # N02000009492

1. Entity Name

TBY, INC.



Principal Place of Business

5151 NE 14TH TERRACE
FORT LAUDERDALE FL 33334

Mailing Address

5151 NE 14TH TERRACE
FORT LAUDERDALE FL 33334

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

01-0763168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, HOWARD E ESQ
200 SOUTH BISCAYNE BLVD SUITE 2500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **KAHN, ARTHUR**

Street Address (P.O. Box Number is Not Acceptable)

3670 Inverrary DRIVE

City: **LAUDERHILL**

FL

Zip Code: **33319**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOMBACH, GEOFFREY | |
| STREET ADDRESS | 21 COMPASS LANE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NELSON, HOWARD | |
| STREET ADDRESS | 5931 NE 21 ST. CIRCLE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SOLOMON, HARRIS | |
| STREET ADDRESS | 2665 NE 26 TERRACE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33306 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARTHUR KAHN | |
| STREET ADDRESS | 3670 Inverrary Dr | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #