

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004797

1. Entity Name

TADA, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90016 015 *****70.00

A0042986

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5865 SW 21st STREET 5865 SW 21st STREET
HOLLYWOOD, FL 33023 HOLLYWOOD FL, 33023 3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0694078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCH, STEVEN
5865 SW 21st STREET
HOLLYWOOD, FL 33023

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.

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD
NAME KOCH, STEVEN
STREET ADDRESS 7745 NW 63rd AVENUE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME RIVERO, CONCHITA
STREET ADDRESS 4135 SW 96th AVENUE
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CENTAURA, RAMONA
STREET ADDRESS 3465 VIA PIONCIANA #803
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME PEREZ, ALCYON
STREET ADDRESS 4135 SW 96th AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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

3/08/01 954 346-7288

Date

Day

Phone #