

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90131 026 ****70.00

DOCUMENT # **N98000007121**



1. Entity Name
TABERNALE OF THE MOST HIGH INC.

Principal Place of Business
**6650 LANDINGS DR
108
LAUDERHILL FL 33319-5084**

Mailing Address
**6650 LANDINGS DR
108
LAUDERHILL FL 33319-5084**

2. Principal Place of Business
7198 NW 48 Ct.

3. Mailing Address
7198 NW 48 Court

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Lauderhill, FL

City & State
Lauderhill, FL.

4. FEI Number **65-0881135** Applied For
Not Applicable

Zip
33319 Country
U.S.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PAUL, DEBORAH
6400 LANDINGS DRIVE APT #108
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
6650 Landings Dr. 108
City **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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, EMANUEL 4126 INVERRARY BLVD, UNIT 2810 LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 Landings DR. 108 Lauderhill FL. 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PAUL, DEBORAH 4126 INVERRARY BLVD, UNIT 2810 LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 Landings DR. 108 Lauderhill, FL. 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLTON, SHANESHIA 505 W EVANSTON CIRCLE FT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: _____

[Handwritten Signature]

3/25/03

CR2E037 (10/02)