

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90063 034 ***158.75

DOCUMENT # P 000000 22072

1. Entity Name

Tail Blazers, Inc.

Principal Place of Business

Mailing Address

3922 NE 166th St #106 South
 North Miami Beach, FL 33160

00022766

2. Principal Place of Business

3. Mailing Address

Same as above
 Suite, Apt. #, etc.
 106 South

Same as above
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

N.M.B. Fla.

City & State

05-0990315

Not Applicable

Zip
 33160

Country
 USA

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

Speigel
 Utrera

Name

Dana Angelini

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

3922 NE 166th St. #106 S

City

N.M.B.

FL

Zip Code

33160

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

Dana Angelini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD Gale Tickner

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD Dana
 Christine Angelini

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVD
 Dana Solomon

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVD Gale Tickner

TITLE
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dana Angelini

2/28/01 (305) 944-9914

Date

Daytime Phone #

CR2034 (11/00)