

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90139 037 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048254

1. Entity Name
TUFTS FAMILY CORP.



Principal Place of Business
100 LINCOLN ROAD
SUITE 1448
MIAMI BEACH, FL 33139

Mailing Address
100 LINCOLN ROAD
SUITE 1448
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address
40 David Tufts

Suite, Apt. #, etc.

Suite, Apt. #, etc.

710 BROADWAY, 9th floor

City & State

City & State

New York, N.Y.

Zip

Country

USA

Zip

10003

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2550898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, SCOTT A
300 BISCAYNE BLVD. WAY
SUITE 111
MIAMI, FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
TUFTS, DAVID A
100 LINCOLN RD., SUITE 1448
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TUFTS, DAVID A
100 LINCOLN RD., SUITE 1448
MIAMI BEACH, FL 33139 ☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 607, 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 #

3/3/03

212-667-4200

CR2E034 (10/02)