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**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 12 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>PO000000 61297</b>	
1. Entity Name <b>Tammy B. Saltzman, P.A.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2000 Glades Road</b> Suite, Apt. #, etc. <b>Suite 212</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country	3. Mailing Address <b>2000 Glades Road</b> Suite, Apt. #, etc. <b>Suite 212</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1018996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Tammy B. Saltzman Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2000 Glades RD Suite 212</b>	
City <b>Boca Raton</b>	FL Zip Code <b>33431</b>

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.

**400020429234**  
**06/03/03--01086--014 \*\*150.00**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST Saltzman, Tammy B. 2000 Glades RD #212 Boca Raton, FL 33431</b>	<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/03**  
Date

**561-417-4300**  
Daytime Phone

CR2E037B (12/02)



## Paradise Home Title, Inc.

2000 Glades Road • Suite 212

Boca Raton, Florida 33431

Phone: (561) 417-4300

Fax: (561) 417-4327

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May 22, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Tammy B. Saltzman, P.A.  
EIN # 65-1018996 / 2003 UBR

To whom it may concern:

This is to inform you that Paradise Home Title, Inc. did not receive the attached form in January. Within the last few months we have changed suite numbers, this could be why we never received this form. For future reference please correct our suite number 212 in your system.

Sincerely,

Jennifer Lenett  
Office Manager