

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90010 007 ***150.00

DOCUMENT # P00000074555

1. Entity Name

TALLYHO, CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4545 NW 7TH STREET

3. Mailing Address

4545 NW 7TH STREET

Suite, Apt. #, etc.

SUITE 12

Suite, Apt. #, etc.

SUITE 12

City & State

MIAMI, FL 33126

City & State

MIAMI, FL 33126

Zip

Country

Zip

Country

4. FEI Number

65-1029962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

44023294

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 re-electing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PTD
DUCOURNAU, GILBERT E.
4545 NW 7TH STREET SUITE 12
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SVD
PRIETO, INGRID
4545 NW 7TH STREET SUITE 12
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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 on an attachment with an address, with all other information answered.

GILBERT DUCOURNAU

PRES.

SIGNATURE:

3/30/04

305 442 1458

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)