

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000107271

1. Entity Name

TANGERINE RENTAL PROPERTIES, INC.

4/

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90056 015 \*\*\*150.00

Principal Place of Business 3127 W HALLANDALE BEACH BLVD STE 115 PEMBROKE PARK FL 33009	Mailing Address 3127 W HALLANDALE BEACH BLVD STE 115 PEMBROKE PARK FL 33009
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEL Number: **65-1056738**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

## 6. Name and Address of Current Registered Agent

CHUSID, HOWARD  
3127 W HALLANDALE BEACH BLVD STE 115  
PEMBROKE PARK FL 33009

## 7. Name and Address of New 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 reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHUSID, HOWARD	
STREET ADDRESS	3127 W HALLANDALE BEACH BLVD STE 115	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEILER, JULES	
STREET ADDRESS	3127 W HALLANDALE BEACH BLVD STE 115	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobbi M. Forscht	
STREET ADDRESS	3127 W Hallandale Beach Blvd Ste 115	
CITY-ST-ZIP	Pembroke Park FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)