

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 048 ***150.00

DOCUMENT # **P01000007146**

1. Entity Name

TAB TECHNOLOGIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

645 IVES DAIRY RD

Suite, Apt. #, etc.

110

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

USA

3. Mailing Address

645 IVES DAIRY RD

Suite, Apt. #, etc.

110

City & State

NORTH MIAMI BEACH, FL

Zip

33179

USA

4. FEI Number

65-1070768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVENUE

City

CORAL GABLES

FL

33134

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)

☒

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 - ST - ZIP
**P/T
DAVID HANTMAN
645 IVES DAIRY RD #110
NORTH MIAMI BCH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V/S
EDWARD ALARCON
645 IVES DAIRY RD #110
NORTH MIAMI BCH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Alarcon. EDWARD ALARCON

4/27/02 (305) 653-0847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)