

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 031 ***150.00

DOCUMENT # **PO1000012341**

1. Entity Name

TABIO ENGINEERING CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 BUTTWOOD DR

Suite, Apt. #, etc.

3. Mailing Address

140 BUTTWOOD DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY BISCAYNE, FLORIDA

City & State

KEY BISCAYNE, FLA.

4. FEI Number

651132527

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SALAZAR, MAURICIO

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

140 BUTTWOOD DRIVE

City

KEY BISCAYNE

FL

Zip Code

33149

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

Mauricio Salazar

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

(If OTC Registered Agent signature required when reinstating)

April 24/2002

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
**DIRECTOR
SALAZAR, MAURICIO
140 BUTTWOOD DRIVE
KEY BISCAYNE, FLORIDA 33149**

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**DO NOT WRITE
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:

Mauricio Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24/2002

Date

Daytime Phone #

305/361-9175

CR2E034B (12/01)