

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90096 006 \*\*\*150.00

**DOCUMENT #** P01000041075

**1. Entity Name**  
Tarbut Center, Inc.

**DO NOT WRITE IN THIS SPACE**

50057245

<b>2. Principal Place of Business</b> 18749 W Dixie Hwy. Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-1097799		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>City &amp; State</b> N. Miami Beach FL		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>Zip</b> 33180	<b>Country</b> Miami Dade	<b>Zip</b>	<b>Country</b>				

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Gila Churba

**Street Address (P.O. Box Number is Not Acceptable)**  
18749 W Dixie Hwy.

**City** North Miami Beach **FL** **Zip Code** 33180

**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** *Gila Churba* **7/15/05**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	President / Director Gila Churba 18749 W Dixie Hwy. North Miami Beach, FL 33180	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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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:** *Gila Churba* **7/15/05** **954-529-7548**

CR2E034B (12/01)

ATTACHMENT

50057245

JULY 15, 2005

Tarbut Center, Inc.  
18749 W Dixie Hway.  
N Miami Beach, FL 33180  
P01000041075

65-1097799

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

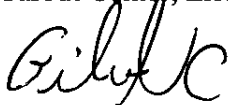
DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM  
FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO  
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD  
ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS,  
Tarbut Center, Inc.



By: Gila Churba, PRESIDENT