

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 045 ***150.00

DOCUMENT # P01000044719

1. Entity Name
TARBEC ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
470C ANSIN BLVD

3. Mailing Address
470C ANSIN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

4. FEI Number
65-1101859

Applied For
☐ **Not Applicable**

Zip
33009-3115

Country
USA

Zip
33009-3115

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRADFORD, JAMES N. JR.

Street Address (P.O. Box Number is Not Acceptable)
2100 WEST 76TH STREET

STE 211

City
HIALEAH

FL **Zip Code**
33016

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
PD
NAME
PHILLIPS, BARTIMUS C II
STREET ADDRESS
470C ANSIN BLVD
CITY-ST-ZIP
HALLANDALE, FL 33009-3115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
DST
NAME
PHILLIPS, REBECCA
STREET ADDRESS
470C ANSIN BLVD
CITY-ST-ZIP
HALLANDALE, FL 33009-3115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Bartimus C Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)