

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91426 033 ***150.00

0561866 AV

DOCUMENT # P01000063687

1. Entity Name
TORBAI & COMPANY, INC.

Principal Place of Business
**1462 SOUTHEAST GRAPELAND AVENUE
 PORT SAINT LUCIE FL 34952**

Mailing Address
**1462 SOUTHEAST GRAPELAND AVENUE
 PORT SAINT LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1124746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET
 4TH FLOOR
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Tammi Saibic**

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

1462 SE Grapeland Ave.

City **Port St. Lucie**

FL

Zip Code **34952**

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 **Tammi Saibic** **Tammi Saibic President**

1-25-02

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, 2002 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 **PTD** ☐ Delete
 NAME **SAIBIC, TAMMI L**
 STREET ADDRESS **1462 SOUTHEAST GRAPELAND AVENUE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **SVD** ☐ Delete
 NAME **SAIBIC, CHRISTOPHER J**
 STREET ADDRESS **1462 SOUTHEAST GRAPELAND AVENUE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tammi Saibic** **Tammi Saibic**

1-25-02

561-398-4313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)