

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082013

1. Entity Name

TATE HAULERS, CORP.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90430 001 ***150.00

05-14-2002 90430 002 *****8.75

Principal Place of Business

5060 SW 64TH AVE.
SUITE 312
FT. LAUDERDALE FL 33314

Mailing Address

5060 SW 64TH AVE.
SUITE 312
FT. LAUDERDALE FL 33314

2. Principal Place of Business

9690 NW 25 ST
Suite, Apt. #, etc.

3. Mailing Address

9690 NW 25 ST
Suite, Apt. #, etc.

City & State

Sunrise FLA

City & State

Sunrise FLA

Zip
33322

Country

Broward

Zip

33322

Country

Broward

4. FEI Number

65-1133307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLBROOKE & ASSOCIATES CONSULTANTS, INC.
5365 STIRLING ROAD
SUITE B
DAVE FL 33314

7. Name and Address of New Registered Agent

Name

PROFESSIONAL TAX SERVICE

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

7481 WEST OKLAND PARK BLVD.

City

Lauderhill

FL

Zip Code

33319

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2002

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	P	<input checked="" type="checkbox"/> Delete
NAME	TATE, ROBERT	
STREET ADDRESS	5060 SW 64TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE Robert	
STREET ADDRESS	9690 NW 25 ST	
CITY-ST-ZIP	Sunrise FLA 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2

954-914-9964

Daytime Phone #

CR2E034 (9/01)