

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90027 021 \*\*\*150.00

**DOCUMENT # P01000097400**

1. Entity Name  
**S.G.R. TAN, INC.**

Principal Place of Business  
**C/O ARNSTEIN & LEHR  
515 N FLAGLER DR. SUITE 600  
WEST PALM BEACH FL 33401**

Mailing Address  
**C/O ARNSTEIN & LEHR  
515 N FLAGLER DR. SUITE 600  
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1155 Main Street**

3. Mailing Address  
**1155 Main Street**

Suite, Apt. #, etc.  
**Suite 113**

Suite, Apt. #, etc.  
**Suite 113**

City & State  
**Jupiter FL**

City & State  
**Jupiter FL**

4. FEI Number  
**65-1152081**

Applied For  
☐ Not Applicable

Zip Country  
**33458 Palm Beach**

Zip Country  
**33458 Palm Beach**

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

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

**COOKE, BRIAN J  
515 N FLAGLER DR, SUITE 600  
WEST PALM BEACH FL 33401**

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

Name **Susan Rabinowitz**  
Street Address (P.O. Box Number is Not Acceptable)  
**194 Commodore Drive**  
City **Jupiter** FL **33477**

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 **Susan Rabinowitz Pres** 3-20-02  
Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D RABINOWITZ, SUSAN 194 COMMODORE DR JUPITER FL 33477</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: **Susan Rabinowitz** 3-20-02 (561) 799-1914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)