

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91328 022 \*\*\*150.00

DOCUMENT # PD1000100729 ✓

1. Entity Name

Tight Work Organization, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7801 NE 4th Court

Suite, Apt. #, etc.

Unit 106

City & State

Miami, Florida

Zip

33138

Country

USA

3. Mailing Address

PO Box 381485

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33238-1485

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1146488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Nubian Tax Consultants

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

16300 NE 19 Avenue

Suite 215

City

N. Miami Beach

FL

Zip Code  
33162

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

Michael L. Lauer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPTS  
Wallace Aristide  
7801 NE 4th Court #106  
Miami, FL 33138

TITLE  
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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:

Wallace Aristide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(305) 409-2641

Daytime Phone #

CR2E034B (12/01)