

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90242 035 ***150.00

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DOCUMENT # P02000013290

1. Entity Name
TANDEM REALTY CORPORATION



Principal Place of Business
**8261 N.W. 197TH STREET
MIAMI FL 33015**

Mailing Address
**8261 N.W. 197TH STREET
MIAMI FL 33015**

2. Principal Place of Business
5190 N.W. 167 STREET

3. Mailing Address
5190 N.W. 167 STREET

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
M2AM2, FL

City & State
M2AM2, FL

Zip
33014

Country
U.S.A.

Zip
33014

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0391630

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, CHARLES K
8261 N.W. 197TH STREET
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MITCHELL, CHARLES K 8261 N.W. 197TH STREET MIAMI FL 33015 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PATRICIA M. MITCHELL 8261 N.W. 197TH STREET M2AM2, FL 33015 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03
Date

305-621-9650
Daytime Phone #

CR2E034 (10/02)