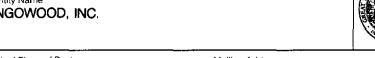
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000061812

1. Entity Name
TANGOWOOD INC





FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90335 040 ***150.00

IANGOW	OOD, INC.									
Principal Plac 8925 COLLINS SURFSIDE FL	S AVE. APT 10-B	8925 COLLIN	Mailing Address 8925 COLLINS AVE. APT 10-B SURFSIDE FL 33154							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number Applied For Not Applied For			}	
Zip	Zip Country		Zip Coun					5 Additional equired		
	6. Name and Address of Currer	nt Registered Age	nt			7. Name and Address of	f New Registered Aç	jent		1—
· · · · · · · · · · · · · · · · · · ·				Name						1
LAW OFFICES OF CARLOS A. ROMERO, JR., P.A.				Street Address (P.O. Box Number is Not Acceptable)						
3105 PONCE DE LEON BLVD STE 400							·			-
CORAL G	ABLES FL 33134									1
	- :				FL Zip Code			e	† .	
	named entity submits this statement ions of registered agent.	for the purpose of	changing its registe	ered office or	registere	d agent, or both, in the Sta	ate of Florida. I am fa	miliar with,	and accept	1
SIGNATURE .										
	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Registe	ered Agent signat	ure required w	rhen reinstating)	DATE]
. After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department					9. Election Camp Trust Fund Co	· -		0 May Be I to Fees	ļ
10.	OFFICERS AN	ID DIRECTORS	11	1.		ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTOR	3 IN 11	1
TÎTLE NAME	D Franz, Barbara		501010	TLE AME	D, F	,	i	Change Change	Addition Addition	(10/02)
STREET ADDRESS : CITY-ST-ZIP	8925 COLLINS AVE, APT 10-B SURFSIDE FL 33154			TREET ADDRESS ITY-ST-ZIP						F034 /
TITLE		. [Delete 11	TLE				☐ Change	☐ Addition	18
NAME				AME						0
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NAME				AME						
STREET ADDRESS			■ Sī	REET ADDRESS	1					1

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

☐ Addition