

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 035 ***158.75

DOCUMENT # **PO2000110705**
1. Entity Name
THA PLACE, Inc.



DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
639 NE 62ND ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI - FL
Zip
33138

City & State

4. FEI Number
01-0771070

Applied For
(Not Applicable)

City

State

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Giselle Ciuraru**
Street Address (P.O. Box Number is Not Acceptable)
639 NE 62ND ST
City **MIAMI** FL Zip Code **33138**

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, the registered agent.

SIGNATURE *Giselle Ciuraru*

January 1 - May 1: Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**

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

Pres	Giselle Ciuraru 639 NE 62ND ST. MIAMI - FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP
	MARTIN SUSKIND <i>Delete</i> 2200 NW 2ND Ave MIAMI - FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP
	ELIRAN CIURARU <i>Delete</i> 639 NE 62ND ST MIAMI - FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. The undersigned officer or director of the corporation submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information provided in this report is true and accurate and that my signature shall have the same legal effect as if space under oath, that I am an officer or a registered agent or a duly authorized officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Paragraph 10 of this report.

SIGNATURE: *Giselle Ciuraru*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/03
205-758-6992

CR2E0308 (12/02)