

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000128166**

1. Entity Name

TAPIN TO THE WORLD, INC.



**FILED
Sep 08, 2003 8:00 am
Secretary of State**

09-08-2003 90311 005 ***550.00

6L1161
AV
002700

Principal Place of Business

1151 NW 81ST AVE
PEMBROKE PINES FL 33024

Mailing Address

1151 NW 81ST AVE
PEMBROKE PINES FL 33024

2. Principal Place of Business

1151 NW 81ST AVE

Suite, Apt. #, etc.

3. Mailing Address

1151 NW 81ST AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

11-3667079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

KLEEH, BILL

1151 NW 81 ST AVE

PEMBROKE PINES FL 33024

Name

WILLIAM KLEEH

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

1151 NW 81 ST AVE

City

PEMBROKE PINES

FL

Zip Code

33024

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

William Kleeh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEEN, BILL		NAME	
STREET ADDRESS	1151 NW 81ST AVE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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

William Kleeh

Date

Daytime Phone #

CR2E034 (4/03)