

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036317

1. Entity Name
TGR MANAGEMENT CORPORATION

Principal Place of Business
5084 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address
5084 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

2800 SW 121 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

Country

33330

Country

Broward.

4. FEI Number 65-0416096

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG, JEFFREY
4651 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
DP
SHOUA, DAVID
2800 SW 121ST AVE
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHOUA, ALISA
2800 S.W. 121 AVE.
DAVIE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALISA SHOUA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02

954 4727370

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90003 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)