

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90066 034 ***150.00

DOCUMENT # P93000072797

1. Entity Name

TALPOS, SABAU AND ASSOCIATES, INC.

Principal Place of Business

5963 SW 43 ST
DAVIE FL 33314
US

Mailing Address

5706 N.E. 17 TERR.
FORT LAUDERDALE FL 33334

00028167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4609 SW 44 Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

Zip

33314

Country

USA

Country

4. FEI Number

65-0448328

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABAU, DANIELA
5706 N.E. 17TH TERR.
FORT LAUDERDALE FL 33334

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.

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS TALPOS, AUREL
CITY-ST-ZIP 1457 ATLANTIC SHR. BLVD.
HALLANDALE FL 33009

TITLE ☐ Delete
NAME D
STREET ADDRESS SABAU, AUREL
CITY-ST-ZIP 5706 N.E. 17 TERR.
FT. LAUDERDALE FL 33334

TITLE ☐ Delete
NAME D
STREET ADDRESS LOHSE, H. DONALD
CITY-ST-ZIP 2021 SW 70TH AVENUE
DAVIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUREL SABAU

Date

Daytime Phone #

CR2E034 (10/00)

0276622