

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90004 045 \*\*\*150.00

**DOCUMENT # P94000005129**

1. Entity Name  
**US TAB, INC.**

*R*

Principal Place of Business  
 2369 NW 149TH STREET  
 OPA LOCKA FL 33054

Mailing Address  
 2369 NW 149TH STREET  
 OPA LOCKA FL 33054

**RU06 / 736**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0461557**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**RADRIGUEZ, SAMUEL C**  
**18130 NW 81ST COURT**  
**PALM SPRINGS NORTH FL 33015**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, SAMUEL C</b>	
STREET ADDRESS	<b>18130 NW 81ST COURT</b>	
CITY-ST-ZIP	<b>PALM SPRINGS NORTH FL 33015</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BURT, LEONARD A JR.</b>	
STREET ADDRESS	<b>19561 CYPRESS CT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

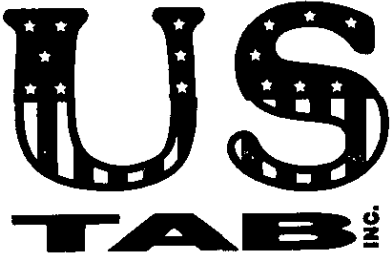
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *Samuel C. Rodriguez* **SIGNATURE REQUIRED Samuel C. Rodriguez President 7-6-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE003 (REV. 1/00)

129/000000049

67756/006



2369 N.W. 149 STREET, OPA-LOCKA, FL 33054

PHONE: (305) 681-3539 • FAX: (305) 681-7736

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR:

WE HAVE JUST RECEIVED, 2000 UNIFORM BUSINESS REPORT, IN TODAY'S MAIL. THIS IS THE FIRST NOTICE WE HAVE RECEIVED REGARDING THIS REPORT, ACCORDING TO YOUR OFFICE (850-488-9000) THE FIRST REQUEST FOR THIS FORM WAS MAILED IN EARLY JANUARY OF THIS YEAR. WE DID NOT RECEIVED THIS FORM.

THE VERY NICE LADY (ANSWERING THE PHONE) TOLD ME TO SEND \$150.00 AND A LETTER OF EXPLANATION TO THE ABOVE ADDRESS, ALONG WITH THE FILLED OUT FORM. HERE IS OUR LETTER, CHECK AND FORM.

BE ASSURED, THAT WE WILL LOOK FOR THIS FORM, AND IF NOT RECEIVED BY THE END OF JANUARY 2001, WE WILL CALL.

THANKING YOU FOR YOUR HELP IN THIS MATTER,

I AM

SINCERELY

A handwritten signature in cursive script that reads "Samuel C. Rodriguez".

Samuel C. Rodriguez  
U S TAB INC.  
2369 NW 149th Street  
OPA-LOCKA, FL 33054