

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90214 010 ***150.00

0181211 AV

DOCUMENT # P94000005129

1. Entity Name
US TAB, INC.



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

Mailing Address
2369 NW 149TH STREET
OPA LOCKA FL 33054



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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME	RODRIGUEZ, SAMUEL C
STREET ADDRESS	18130 NW 81ST COURT
CITY-ST-ZIP	PALM SPRINGS NORTH FL 33015
TITLE	V <input type="checkbox"/> Delete
NAME	BURT, LEONARD A JR.
STREET ADDRESS	19561 CYPRESS CT
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SAMUEL C RODRIGUEZ PRESIDENT** 5/19/03 305-681-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #
90136741

Samuel C. Rodriguez, President
US TAB, INC.
2369 N. W. 149th Street
Opa Locka, FL 33054
May 13, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

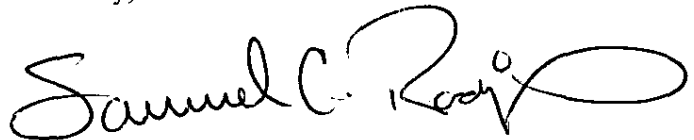
Re: Uniform Business Report
US TAB, INC.
Doc # P94000005129

Gentlemen:

Enclosed is 2003 Uniform Business Report for the above corporation with check for \$150.00. The report is late because the President, Samuel C. Rodriguez, was out of town on May 1, 2003 attending a business conference. I respectfully request that the \$400.00 late fee be waived for the above reasonable cause.

Thank you for your consideration.

Sincerely,



SAMUEL C. RODRIGUEZ
PRESIDENT

Enclosure