

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90014 003 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057222

1. Entity Name

TABB REAL ESTATE OF FLORIDA, INC.

LA

Principal Place of Business

Mailing Address

8893 IBIS LAKES BLVD.
WEST PALM BEACH FL 33412
US

8893 IBIS LAKES BLVD.
WEST PALM BEACH FL 33412
US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FE# Number

65-0508747

Approved For

Not Approved

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

MIRANDA, PAULO C
701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131

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 for both in the State of Florida

SIGNATURE

Signature of the person authorized to execute this statement on behalf of the entity

Signature of the person authorized to execute this statement on behalf of the entity

DATE

9. This corporation is organized under the laws of the State of Florida

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
First Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied on this form does not qualify for the exemption stated in Section 110.07(4)(b) Florida Statutes. Further, I certify that the information indicated on this report or supplemental report is true and accurate and that this statement shall have the same legal effect as if made under oath. I shall answer for a portion of the corporation or the receiver or trustee and covered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed or if information is added or deleted.

SIGNATURE:

Paulo C. Miranda

6508747
DIRECTOR

(305) 441-4254