

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90392 017 ***150.00



DOCUMENT # P94000076125

1. Entity Name
TANCO REAL ESTATE CO., INC.

Principal Place of Business
**6749 ROYAL PALM BEACH BOULEVARD
WEST PALM BEACH FL 33412
US**

Mailing Address
**5721 ROYAL PALM BEACH BOULEVARD
BOYNTON BEACH FL 33411
US**



2. Principal Place of Business
5721 Royal Palm Beach Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.
Royal Palm Beach

Suite, Apt. #, etc.

City & State
FL

City & State

4. FEI Number
65-0530890

Applied For
 Not Applicable

Zip
33411

Country
USA

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

**TANEN, JEFFREY S
2. S. BISCAYNE BLVD.
SUITE 3250
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Barbara Tanen* **BARBARA TANEN** **2/5/03**
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TANEN, BARBARA 6749 ROYAL PALM BEACH BLVD. WEST PALM BEACH FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Signature Required* **2/5/03** **(561) 798-3190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)