

# 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 ~~6749~~ ROYAL PALM BEACH BOULEVARD  
Royal ~~WEST~~ PALM BEACH FL 33411  
US



2. Principal Place of Business  
5721 Royal Palm Beach Blvd  
Suite, Apt. #, etc.  
Royal Palm Beach  
City & State  
FL

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0530890 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33411 Country USA

6. Name and Address of Current Registered Agent  
TANEN, JEFFREY S  
2. S. BISCAYNE BLVD.  
SUITE 3250  
MIAMI FL 33131

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. 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                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TANEN, BARBARA                    | NAME  |   |
| STREET ADDRESS             | 6749 ROYAL PALM BEACH BLVD.       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33411          | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | 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: *Barbara Tanen* 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)