

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90008 001 ***550.00
09-07-2000 90008 002 *****8.75

DOCUMENT # P95000018353

1. Entity Name

TAP ACQUISITION CO.

Principal Place of Business

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173
US

Mailing Address

3200 SW FREEWAY
1220
HOUSTON TX 77027
US

2. Principal Place of Business

3. Mailing Address

1200 Soldiers Field Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sugar Land, Texas

Zip

Country

Zip

Country

77479

Fort Bend

4. FEI Number

65-0561547

Applied For

Not Applicable

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☒ Delete
NAME **MCCRAW, MICHAEL K**
STREET ADDRESS **5999 SUMMERSIDE DR., STE. 112**
CITY-ST-ZIP **DALLAS TX 75252**

TITLE **D** ☐ Change ☒ Addition
NAME **Andreas Stengos**
STREET ADDRESS **1200 Soldiers Field Dr.**
CITY-ST-ZIP **Sugar Land, Texas 77479**

TITLE **P** ☐ Delete
NAME **CARR, JAMES M**
STREET ADDRESS **9350 SUNSET DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **PERKINS, ROBERT G.**
STREET ADDRESS **9350 SUNSET DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Delete
NAME **EISENACHER, HAROLD**
STREET ADDRESS **9350 SUNSET DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold Eisenacher 8/28/00 305-595-3281

Date

Daytime Phone #

CR2E034 (5/00)