

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018353

1. Entity Name

TAP ACQUISITION CO.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90442 029 ***150.00

Principal Place of Business

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173
US

Mailing Address

1200 SOLDIERS FIELD DR
SUGAR LAND TX 77479
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Michael Kean
Berman & Kean, PA
2101 W. Commercial Blvd., # 4100
Ft. Lauderdale, FL 33309

7. Name and Address of New Registered Agent

Michael Kean, Berman & Kean
2101 W. Commercial Blvd. # 4100
Ft. Lauderdale FL 33309

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 re-instating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE D ☐ Delete
NAME STENGOS, ANDREAS
STREET ADDRESS 1200 SOLDIER FIELD DR
CITY-ST-ZIP SUGAR LAND TX 77479

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

Harold Eisenacher 4/2/01 305-595-3281

CR2E034 (10/00)