

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 08, 2000 8:00 am**
Secretary of State

08-08-2000 90017 022 ***550.00

A0071658

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000076614

1. Entity Name

TANGO OF KEY WEST, INC.

Principal Place of Business

Mailing Address

**506 LOUISA ST.
KEY WEST FL 33040****506 LOUISA ST.
KEY WEST FL 33040-3106**

2. Principal Place of Business

1075 Duval Street

3. Mailing Address

1075 Duval Street

Suite, Apt. #, etc.

C21

Suite, Apt. #, etc.

C21

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

U.S.A.

Zip

33040

Country

U.S.A.

4. FEI Number

65-0614549

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

**C/O CATAFOMO & FARRELLY
506 LOUISA ST.
KEY WEST FL 33040**

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	WILBUR, ROBERT M	1075 DUVAL STREET, UNIT C21	<input checked="" type="checkbox"/>
		KEY WEST FL 33040		
	PST	WILBUR, ROBERT M	1075 DUVAL STREET, UNIT C21	<input checked="" type="checkbox"/>
		KEY WEST FL 33040		
	PST	SCHROCKSNADL, PETER	38 MARIA THERESIEN-STRASSE A6020	<input type="checkbox"/>
		INNSBRUCK AT		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

PETER SCHROCKSNADL 8/4/00 914 331-9000

Daytime Phone #

CR2E034 (9/99)