

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021522

1. Entity Name

THE THOMAS TRIBUNE COMPANY

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90272 019 ***150.00

Principal Place of Business

5701 SW 54TH TERR
SUITE 322
MIAMI FL 33155
US

Mailing Address

P O BOX 248524
CORAL GABLES FL 33124

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 **65-0644753**

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

GOLDFARB, MAX A
19 W FLAGLER ST
SUITE 703
MIAMI FL 33130

Name
John H. Gregory, Esq. c/o

Street Address (P.O. Box Number is Not Acceptable)
WELBAUM GUERNSEY HINGSTON GREENLEAF & GREGORY LLP

901 Ponce de Leon Blvd. PH

Coral Gables

FL

Zip Code
33134

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

John Gregory, Esq

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

(NOTE: Registered Agent signature required when reinstating)

1/3/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NATIELLO, THOMAS A**
STREET ADDRESS **1205 MARIPOSA AVE SUITE 322**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

THOMAS A. NATIELLO
Date *1/26/01* Daytime Phone # *305-666-8989*

CR2E034 (10/00)