## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000031314 1. Entity Name TARANTO, MIXSON, PARR, INCORPORATED 04-23-2001 90225 028 \*\*\*150.00 Principal Place of Business Mailing Address 7120 SW 110 TER. 7120 SW 110 TER. MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 7951 SW 104 ST. 7951 SW 104 ST Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE D-209 0-209 City & State City & State 4. FEI Number Applied For 65-0670282 mion Miami Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33156 US A 33156 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YAR<u>R</u> PARR, OWEN E Street Address (P.O. Box Number is Not Acceptable 7120 SW 110 TER. SW **MIAMI FL 33156** Zip Code **33/5**6 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1: 2001-Fee will be \$550.00: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition TARANTO, WILLIAM J NAME NAME STREET ADDRESS 18725 N. DALLAS PKWY.,#2721 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75287 CITY-ST-ZIP Delete TITLE Change ☐ Addition MIXSON, JANET B NAME STREET ADDRESS 233 CARDINAL CIR. W. STREET ADDRESS ST. MARY'S GA 31558 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition PARR, OWEN E 7961 SW 104 ST. APt. 0-209 PARR, OWEN E NAME NAME 7120 SW 110 TER. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP Miami, FL. 33156 TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 thistee 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 pladdress, with all other like empowered.

SIGNATURE:

SIGNATURE 305 321-5454

Date

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