

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90199 018 ***150.00

DOCUMENT # P96000041245

1. Entity Name

TIDY-CO OF MIAMI, INC.

(A)

Principal Place of Business

P.O. BOX 398893
 MIAMI BEACH FL 33239

Mailing Address

P.O. BOX 398893
 MIAMI BEACH FL 33239

2. Principal Place of Business

P.O. Box 398893
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 398893
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

65-0674910

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip 33239

Country

USA

Zip 33239

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DALLAS
 1658 BAY ROAD., #505
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Dallas Brown
 Street Address: 1658 Bay Rd. #505
 City: Miami Beach FL 33139

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: Dallas Brown Dallas D Brown 4/16/01
 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, 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	P	<input type="checkbox"/> Delete
NAME	BROWN, DALLAS D	
STREET ADDRESS	1658 BAY RD., #505	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption under 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: Dallas Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

SIGN HERE