

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90270 026 \*\*\*150.00

0555044 AV

**DOCUMENT # P96000084748**

1. Entity Name  
**TIBIRI TABARA, INC.**

Principal Place of Business  
**200 SOUTH INDIAN RIVER DRIVE #309  
 FORT PIERCE FL 34950**

Mailing Address  
**606 SE HARBOR VIEW DR.  
 PORT ST. LUCIE FL 34983**

2. Principal Place of Business  
**601 SE Harbor**

3. Mailing Address  
**606 S.E. Harborview Dr.**

Suite, Apt. #, etc.  
**Port Saint Lucie FL**

City & State  
**34984 Port St. Lucie FL**

Zip  
**34984** Country  
**St. Lucie**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CALA, DIONISIO  
 606 SE HARBOR VIEW DR.  
 PORT ST. LUCIE FL 34983**

4. FEI Number  
**65-0707540**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**Same**

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]** DATE **4/28/02**

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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	<b>P CALA, DIONISIO 9958 N KENDALL DR. MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS CALA, ROSA G 606 SE HARBOR VIEW DR. PORT ST. LUCIE FL 34983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/02** Daytime Phone #

CR2E034 (9/01)