

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091330

1. Entity Name

TLSAE, INC.

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90059 012 \*\*\*150.00

021909



DO NOT WRITE IN THIS SPACE

Principal Place of Business

20801 BISCAYNE BLVD STE 304  
AVENTURA FL 33180-1422

Mailing Address

20801 BISCAYNE BLVD STE 304  
AVENTURA FL 33180-1422

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

65-0708879

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

SASLAW, GARY R  
20801 BISCAYNE BLVD STE 304  
AVENTURA FL 33180

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PREMER, HOWARD  
12000 BISCAYNE BOULEVARD, SUITE 705  
NORTH MIAMI FL 33181 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
SASLAW, GARY R  
20801 BISCAYNE BLVD STE 304  
AVENTURA FL 33180-1422 ☐ Delete

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

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

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.

TLSAE, INC.  
SIGNATURE: *Gary R. Saslaw* VICE PRESIDENT

GARY R. SASLAW, VICE-PRESIDENT

Date

2/6/01 (305) 682-0200

Daytime Phone #

CR2E034 (10/00)