2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700018406 1. Entity Name T.M. TALBOT INC.				FILED Feb 11, 2000 8:00 am Secretary of State 02-11-2000 90030 002 ***150.00	
Principal Place of Business Mailing Address					
10270 SW 144 PLACE MIAMI FL 33186		10270 SW 144 PLACE MIAMI FL 33186-6901			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0731795 Applied For Not Applicable	
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
TALBOT, THOMAS M 10270 SW 144 PLACE MIAMI FL 33186			Name Street Addres	is (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
Tax filing r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200	Registered Agent signature requivers FEE IS \$150.00 The will be \$550.00 The to Department of Signature requirements of Sig	0 Trust Fund Contribution. State \$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, THOMAS M 10270 SW 144 PLACE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	l en this conact or supplemental report is:	true and accurate and that makered to execute this report a	w cianatura chall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

Let Quillhours

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2.7-2000 305-388-322

Date

Daytime Phone #