

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022751

1. Entity Name

B.P. TANGO INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90084 007 ***150.00

Principal Place of Business

Mailing Address

3900 MARRIOTT DR.
SUITE K
PANAMA CITY BEACH FL 33408

P.O. BOX 27880
PANAMA CITY FL 32411-7880

A0064973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 28134

3. Mailing Address
P.O. Box 28134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City FL

City & State
Panama City FL

4. FEI Number
59-3431851

Applied For
Not Applicable

Zip
32411-8134

Country
USA

Zip
32411-8134

Country
USA

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

SHARP, SARAH HELENE
25 SE SECOND AVENUE
SUITE 1135
MIAMI FL 33131

Name
Sarah Helene Sharp
Street Address (P.O. Box Number is Not Acceptable)
25 Southeast Second Avenue
Suite 1020
City
Miami FL Zip Code
33131

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  Sarah Helene Sharp April 28, 2000

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, 2000 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 PD
NAME SHARP, SHERYL A
STREET ADDRESS 400 S. GREEN ST.
CITY-ST-ZIP CHICAGO IL 60607 ☐ Delete

TITLE PD
NAME Sharp, Sheryl A
STREET ADDRESS 401 N. Michigan Avenue
CITY-ST-ZIP Chicago IL 60611 ☒ Change ☐ Addition

TITLE VTD
NAME SPANN, WILLIAM F
STREET ADDRESS 3900 MARRIOTT DR., STE. K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

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

TITLE S
NAME SHARP, WILLIAM L
STREET ADDRESS 401 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

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

TITLE AS
NAME SHARP, SARAH HELENE
STREET ADDRESS 25 SE SECOND AVENUE., SUITE 1135
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE AS
NAME Sharp, Sarah Helene
STREET ADDRESS 25 Southeast Second Avenue, Suite 1020
CITY-ST-ZIP Miami FL 33131 ☒ 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

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  Sarah Helene Sharp

April 28, 2000 (305)372-5900

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR