

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91389 010 \*\*\*150.00

**DOCUMENT # P97000022751**

1. Entity Name  
**B.P. TANGO INC.**



Principal Place of Business  
**P.O. BOX 28134  
PANAMA CITY FL 32411-8134**

Mailing Address  
**P.O. BOX 28134  
PANAMA CITY FL 32411-8134**

**55047471**

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 **59-3431851**

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

**SHARP, SARAH HELENE  
25 SE SECOND AVENUE  
SUITE 1020  
MIAMI FL 33131**

Name **PHILIP SROKA, CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 BRICKELL Bay DRIVE  
9TH FLOOR**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Philip Sroka*  
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when re-listing)

DATE **6/9/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SHARP, SHERYL A**  
STREET ADDRESS **401 N. MICHIGAN AVENUE**  
CITY-ST-ZIP **CHICAGO IL 60611**

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

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

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

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

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

TITLE **AS** ☐ Delete  
NAME **SHARP, SARAH HELENE**  
STREET ADDRESS **25 SOUTHEAST SECOND AVENUE, STE 1020**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SHERYL A SHARP* **REQUIRED PRESIDENT 29 APRIL 03 312-595-9720**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)