

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90109 020 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000074632
 1. Entity Name
TY PROPERTIES, INC.

Principal Place of Business 5700 COLLINS AVE #15N MIAMI BEACH FL 33140	Mailing Address 5700 COLLINS AVE #15N MIAMI BEACH FL 33140
--	--

2. Principal Place of Business 2701 S. BAYSHORE DR	3. Mailing Address 2701 S. BAYSHORE DR
Suite, Apt. #, etc. Suite 606	Suite, Apt. #, etc. Suite 606
City & State COCONUT GROVE	City & State COCONUT GROVE
Zip 33133	Country

4. FEI Number 65-0778560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARNOLD, TY
5700 COLLINS AVE #15N
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name
TY ARNOLD
 Street Address (P.O. Box Number is Not Acceptable)
2701 S. BAYSHORE DR suite 606
 City
COCONUT GROVE FL Zip Code
33133

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 *Ty Arnold* DATE 4-25-02
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.
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, TY	
STREET ADDRESS	5700 COLLINS AVE #15N	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, ROBERT	
STREET ADDRESS	5700 COLLINS AVE #15N	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TY ARNOLD	
STREET ADDRESS	2701 S. BAYSHORE DR suite 606	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ty Arnold* **SIGNATURE REQUIRED** DATE 4-25-02 DAYTIME PHONE # 305 868 9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)