

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90967 050 ***150.00

DOCUMENT # P98000006309

1. Entity Name

TABOR CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5200 NE 14th WAY

3. Mailing Address

5200 NE 14th WAY #408

Suite, Apt. #, etc.

FT. LAUDERDALE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

City & State

FLORIDA

Zip

33334

Country

Zip

33334

Country

4. FEI Number

65-0806443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

04/21/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: PRES, VICE PRES, TREAS
NAME: SILVIA DE CASTRO-MOORMAN
STREET ADDRESS: 5200 NE 14th WAY #408
CITY-ST-ZIP: FT. LAUDERDALE, FL 33334

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

Date

Daytime Phone #

CR2E034B (12/01)