

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90110 013 \*\*\*150.00

**DOCUMENT # P98000025122**

1. Entity Name  
**TALE INVESTMENTS, INC.**

Principal Place of Business  
**175 FONTAINEBLEAU BLVD STE 1R-4  
 MIAMI FL 33172-4598**

Mailing Address  
**175 FONTAINEBLEAU BLVD STE 1R-4  
 1-R  
 MIAMI FL 33172-4511**

**822638**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0881701**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**DE LA TORRIENTE, COSME  
 155 SW 25 ROAD  
 MIAMI FL 33129**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

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

| 11. OFFICERS AND DIRECTORS |                          |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |       |      |                               |   |
|----------------------------|--------------------------|--|---|-------|------|-------------------------------|---|
| TITLE                      | NAME                     | STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Delete                       | TITLE | NAME | STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD                         | TALGI, ALBERTO B         | 175 FONTAINEBLEAU BLVD STE 1-R4<br>MIAMI FL 33172-4598 | <input type="checkbox"/>                              |       |      |                               |   |
| SD                         | LEON DE TALGI, CELESTE A | 175 FONTAINEBLEAU BLVD STE 1-R4<br>MIAMI FL 33172-4598 | <input type="checkbox"/>                              |       |      |                               |   |
| V                          | BORGES, REINALDO L       | 175 FONTAINEBLEAU BLVD STE 1-R4<br>MIAMI FL 33172-4598 | <input type="checkbox"/>                              |       |      |                               |   |
|                            |                          |  | <input type="checkbox"/>                              |       |      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                          |  | <input type="checkbox"/>                              |       |      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                          |  | <input type="checkbox"/>                              |       |      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                          |  | <input type="checkbox"/>                              |       |      |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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: REINALDO L BORGES **REINALDO L BORGES** 3/13/00 305-559-0440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD00001 (0/000)