

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**  
 04-01-2002 90160 038 \*\*\*150.00

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**DOCUMENT # P98000050280**

1. Entity Name

**TANYA ADAMS INVESTMENTS, INC.**

Principal Place of Business

**6352 NW 82 AVE  
 MIAMI FL 33166**

Mailing Address

**6352 NW 82 AVE  
 MIAMI FL 33166**

2. Principal Place of Business

**10540 NW 26 ST.**

3. Mailing Address

**(SAME) 10540 NW**

Suite, Apt. #, etc.

**Suite G-107**

Suite, Apt. #, etc.

**26 ST, Suite G-107**

City & State

**Miami, FL**

City & State

**Miami FL**

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

6. Name and Address of Current Registered Agent

**ADAMS, TANYA  
 10241 NW 57 TERRACE  
 MIAMI FL 33178**

7. Name and Address of New 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

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, MIA	
STREET ADDRESS	10720 NW 7 ST. #8	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, TANYA	
STREET ADDRESS	10241 NW 57 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANYA ADAMS	
STREET ADDRESS	10241 NW 57 Terrace	
CITY-ST-ZIP	Miami FL 33178	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS TANYA	
STREET ADDRESS	10241 NW 57 Terrace	
CITY-ST-ZIP	Miami FL 33178	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/01 (305) 597-5600**  
 Date Daytime Phone #

CR2E034 (9/01)