2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000091309

FILED Jan 23, 2003 Secretary of State

Entity Name: TIP-TAP INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
15895 NW MIAMI, FL						
Current Mailing Address:			New Mailir	New Mailing Address:		
15895 NW MIAMI, FL						
FEI Number:	65-0881609	FEI Number Applied For () FE	l Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
GLINSKY, 169 EAST SUITE 111 MIAMI, FL	FLAGLER ST 8					
The above in the State		ubmits this statement for the purpo	se of changing it	s registered o	ffice or registered agent, or both,	
SIGNATURE:						
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	D () TUATY, DANNY 8225 NW 68TH : MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	TUATY, DANNY	ND ROAD, SUITE #16	
Title: Name: Address: City-St-Zip:	P () TUATY, DAVID 15895 NW 15 AV MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () TUATY, GAY 8225 NW 68TH : MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	TUATY, GAY) Change ()Addition ND ROAD, SUITE #16 78	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TUATY Ρ 01/23/2003