2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P99000073356 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** TALI LANDSMAN CORPORATION 01-19-2000 90289 017 ***150.00 Principal Place of Business Mailing Address 21140 JIB CT., #L-13 21140 JIB CT., #L-13 **AVENTURA FL 33180-3548 AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business Sorolla Ave 805 Soroll DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Gables 65-0938206 Not Applicable Gables Cora \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REISS, REVITAL TALI Street Address (P.O. Box Number is Not Acceptable) 21140 JIB CT., #L-13 **AVENTURA FL 33180** 805 Sorolla City Coral 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. . Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Landsman X Change Revital Delete TITLE TITLE REISS, REVITAL TALI NAME NAME so rolla Ave . STREET ADDRESS 21140 JIB CT., #L-13 STREET ADDRESS FL 33134 Gables CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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