CR2E034 (9/01

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## 2002 Uniform Business Report (UBR)

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SIGNATURE:

## Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** P99000090724 1. Entity Name I-09-2002 90031 015 \*\*\*150 00 TARABOULOS & CO., INC. Principal Place of Business Mailing Address 10929 S.W. 75TH STREET 10929 S.W. 75TH STREET MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0955248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARABOULOS, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 10929 S.W. 75TH STREET **MIAMI FL 33173** Zip Code FL 9. 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. **I**SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TARABOULOS, JEFFREY NAME NAME STREET ADDRESS 10929 S.W. 75TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME TARABOULOS, MARIGE S NAME STREET ADDRESS STREET ADDRESS 10929 S.W. 75TH STREET CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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