

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90008 044 \*\*\*550.00

**DOCUMENT # S56342**

1. Entity Name  
**TOHAP PROPERTIES, INC.**

Principal Place of Business <del>1005 BRICKELL AVENUE</del> <del>9TH FLOOR</del> MIAMI FL 33131	Mailing Address <del>1005 BRICKELL AVENUE</del> <del>9TH FLOOR</del> MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1401 BRICKELL AVE</b> Suite, Apt. #, etc. <b># 340</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33131</b> Country <b>USA</b>	3. Mailing Address <b>1401 BRICKELL AVE</b> Suite, Apt. #, etc. <b># 340</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33131</b> Country <b>USA</b>
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4. FEI Number <b>65-0268282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~STEWART PA~~  
~~1005 BRICKELL AVE~~  
~~THIRD FLOOR~~  
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent  
 Name  
**ROBERT W. STEWART P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 BRICKELL AV - STE 1006**  
 City  
**MIAMI** FL Zip Code  
**33131**

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 *Robert W. Stewart* DATE 7-11-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILBERT, JACKSON B. 1005 BRICKELL AVE 9 FL. MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1401 BRICKELL AVE, #340 MIAMI FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Jackson B. Gilbert* DATE: 7/11/00 TELEPHONE: (305) 539-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (5/00)