

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S58940**

1. Entity Name
TABER ENTERPRISES, INC.

Principal Place of Business
**7800 RED ROAD
SUITE 220
S. MIAMI FL 33143**

Mailing Address
**7800 RED ROAD
SUITE 220
S. MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0269747**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABER, JO ANNE S.
6534 SW 114 PLACE #E
MIAMI FL 33173**

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 \$550.00
After September 12, 2001 Fee 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TABER, DELBERT L., JR.**
CITY-ST-ZIP **7829 MILLER RD #203B
MIAMI FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TABER, JO ANNE**
CITY-ST-ZIP **6534 SW 114 PL #E
MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **600004589358-1**
STREET ADDRESS **-09/15/01--01004--005**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required

8/7/01 305-669-0041

FILED

01 AUG 20 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0043338 AV

CR2E034 (5/01)

Attachment Doc # S58940

282

Coral Gables Learning Center

7800 SW Red Road, Suite 220, Miami, FL 33143 Phone 305-669-0041

August 7, 2001

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen

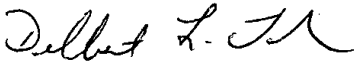
Enclosed please find a check for the Annual Corporation Filing Fee in the amount of \$150. It has become apparent to me that in April or May the original notice was misplaced.

This Spring was especially difficult for our Company. The president of the company was away because of severe illness of herself and other family members. Between operations and a heart attack, keeping the business going was a formidable task.

The Company has always paid our annual fees on a timely basis. We would appreciate it if the penalty were waived because of our unusual circumstances.

Thank you for your attention in this matter.

Sincerely,



Delbert L. Taber
Treasurer