

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91140 015 ***150.00

DOCUMENT # **135812** ✓
1. Entity Name
Mirta Batista-tatum Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9441 BELLAIRE DRIVE
Suite, Apt. #, etc.
City & State
MIRAMAR Florida
Zip
33025 Country
BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
650333102
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Mirta Batista-tatum
Street Address (P.O. Box Number is Not Acceptable)
9441 Bellaire Drive
City
MIRAMAR FL Zip Code
33025

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>MIRTA BATISTA-TATUM</i> <i>9441 BELLAIRE DRIVE</i> <i>MIRAMAR, Florida 33025</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mirta Batista-tatum* P *04/19/02* (954) 9800143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)