

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000057222**

06-20-2001 90014 003 \*\*\*150.00

1. Entity Name

TABB REAL ESTATE OF FLORIDA, INC.

*(LA)*



Principal Place of Business 8893 IBIS LAKES BLVD. WEST PALM BEACH FL 33412 US	Mailing Address 8893 IBIS LAKES BLVD. WEST PALM BEACH FL 33412 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FE Number <b>65-0508747</b>	Approved For Not Applicable
State, Apt # etc.	State, Apt # etc.		
City & State	City & State	5. Certificate of State's Certified <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	County	Zip	County

6. Name and Address of Current Registered Agent  <b>MIRANDA, PAULO C 701 BRICKELL AVE. SUITE 1600 MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to elect to file on-line Tax filing requirements and elections (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000, Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
NAME <b>D BELHAM, GEORGE</b>	<input type="checkbox"/> Delete	TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8893 IBIS LAKES BLVD</b>		STREET ADDRESS	
CITY-STATE-ZIP <b>WEST PALM BEACH FL 33412</b>		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 110.07(4)(b) Florida Statutes. Further, I certify that the information indicated on this report or supplemental reports true and accurate and that the directors shall have the same legal effect as if made under oath that I have signed as a director of the corporation or the receiver of the state and would be liable under Chapter 607, Florida Statutes, and that my name appears in Block 12 if changed or discontinued with an asterisk (\*) if discontinued.

SIGNATURE: *Paulo C. Miranda* **GEORGE BELHAM (305) 441-4254**  
**DIRECTOR**