

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90077 013 ***150.00

DOCUMENT # F69302

1. Entity Name

TINA FANJUL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% DONALD W. CARSON
 340 ROYAL POINCIANA WAY, SUITE 316
 PALM BEACH FL 33480

% DONALD W. CARSON
 340 ROYAL POINCIANA WAY, SUITE 316
 PALM BEACH FL 33480-4096

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 **59-2170228**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, DONALD W.
340 ROYAL POINCIANA WAY
SUSITE 316
PALM BCH. FL 33480

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FANJUL, TINA	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARSON, DONALD W	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEL BUSTO, JORGE	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BAKER, DAVID H	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tabernilla, Armando A.	
STREET ADDRESS	340 Royal Poinciana Way, Suite 316	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald W. Carson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Carson, Secretary

561-655-6303 3/8/00

Date

Daytime Phone #

CR2E034 (9/99)