

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90039 018 \*\*\*150.00

**DOCUMENT # F96000003544**

1. Entity Name  
**TAMACA CORP.**

Principal Place of Business P.O. BOX 11544 CAPARRA HEIGHTS STATION SAN JUAN PR 00922	Mailing Address P.O. BOX 11544 CAPARRA HEIGHTS STATION SAN JUAN PR 00922-1544
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**INACTIVE**

2. Principal Place of Business <b>INACTIVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>66-0504187</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MONTALVO, MARIO J**  
**BRISTOL TOWER 2127**  
**BRICKLE AVENUE, APT. 2705**  
**MIAMI FL 33129**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONTALVO, MARIO J</b> <b>CALLE 3 #11, GARDEN HILLS ESTATES</b> <b>GUAYNABO PR 00966</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MONTALVO, MARIO G</b> <b>CALLE REY LUIS #432, LA VILLA DE TORRIMAR</b> <b>GUAYNABO PR 00969</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAT</b> <b>MONTALVO, TANIA R</b> <b>CALLE 3 #11, GARDEN HILLS ESTATES</b> <b>GUAYNABO PR 00966</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPM</b> <b>MONTALVO, CARLOS</b> <b>CALLE CAOBA #30, ESTANCIAS DE TORRIMAR</b> <b>GUAYNABO PR 00969</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

**SIGNATURE:** \_\_\_\_\_ **2/28/00** **787-782-8088**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)