

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90007 017 \*\*\*150.00

**DOCUMENT # L78495**

1. Entity Name  
**TIGERTAIL CORPORATION**

Principal Place of Business      Mailing Address  
**2715 TIGERTAIL AVE**      **1627 BRICKELL AVE**  
**STE 408**      **APT 1101**  
**MIAMI FL 33133**      **MIAMI FL 33129-1289**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**MIAMI, FL.**      **27SD CORAL WAY**  
**SUITE 201**

City & State      City & State  
**MIAMI, FL.**

Zip      Country      Zip      Country  
**33145-3200**      **USA**

4. FEI Number      Applied For  
**65-0207101**      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
<b>BENITEZ, VILMA</b> <b>2750 CORAL WAY, SUITE 501</b> <b>SUITE 201</b> <b>MIAMI FL 33145</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code <b>FL</b> <b>33145-3200</b>

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>BENITEZ, VILMA</b>	NAME	<b>PRESIDENT</b> <b>BENITEZ, VILMA</b>
STREET ADDRESS	<b>1627 BRICKELL AVE, APT 1101</b>	STREET ADDRESS	<b>27SD CORAL WAY, STE 201</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	<b>MIAMI, FL. 33145-3200</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: VILMA BENITEZ, PRESIDENT      Date: 2/16/00      Daytime Phone #: (305) 443-9929

CR2E034 (9/99)