

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000007598**

1. Entity Name

TAMBAY FILM & VIDEO FESTIVAL CORP.

Principal Place of Business

Mailing Address

16002 SADDLE CREEK DRIVE

16002 SADDLE CREEK DRIVE

TAMPA
33618

FL

TAMPA
33618

FL

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

59-3618246

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

CHAI LEORA
16002 SADDLE CREEK DRIVETAMPA FL
33618 US

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 _____ 05/14/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD PETTY THOMAS 3134 WEST COACHMAN AVENUE TAMPA FL 33611		
<input type="checkbox"/> Delete	D RODRIGUEZ OLFA 5422 FRAIRSWAY DR TAMPA FL 33624			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD BARBETO DAVID 1205 SAIL WAY VALRICO FL 33594		
<input type="checkbox"/> Delete	D CHAI ALICE F 16002 SADDLE CREEK DR TAMPA FL 33618			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STD CHAI ALICE F 16002 SADDLE CREEK DR TAMPA FL 33618		
<input type="checkbox"/> Delete	PSTD CHAI LEORA 16002 SADDLE CREEK DR TAMPA FL 33619			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PDC CHAI LEORA 16002 SADDLE CREEK DR TAMPA FL 33619		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alice F. Chai

STD

05/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)