

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065587

1. Entity Name

TULIP CORPORATION



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90573 013 ***150.00

Principal Place of Business

3444 MAIN HIGHWAY
 COCONUT GROVE FL 33133

Mailing Address

3444 MAIN HIGHWAY
 COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0604144

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

DOUGLAS W MUNOZ

Street Address (P.O. Box Number is Not Acceptable)

3444 MAIN HIGHWAY

City

COCONUT

FL

Zip Code

33/33

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)

07-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD ☐ Delete
 NAME MUNOZ, DOUGLAS W
 STREET ADDRESS % 3444 MAIN HIGHWAY
 CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: x

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-00

Date

(321) 445-4752

Daytime Phone #

CR2E034 (5/00)

Attachment P9502006559
A0013204

To who it may concern.

I would like to make a notice that I have not recieved the form enclosed. This year has been the first time. Also enclosed is the check for \$150⁰⁰ that was asked to be sent.

If I can be of any assistance, please do not hesitate to call me.

Douglas Muñoz

President Tulip Corporation

305-445-4752

