

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040000

1. Entity Name

TAMA CORPORATION

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

00 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

c/o Peninsula Registered
Registered Agents, Inc.

c/o Peninsula
Registered Agents, Inc.

Suite, Apt. #, etc.
200 S. Biscayne Blvd.

Suite, Apt. #, etc. 200 S. Biscayne

#4874
City & State
Miami, FL

Blvd. #4874
City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

☒ Applied For
☐ 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

Jesús Sánchez Lima
235 SW LeJeune Rd.
Miami, FL 33134

Name
Peninsula Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
#4874
City
Miami
FL Zip Code
33131

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.

Peninsula Registered Agents, Inc.

SIGNATURE By: *Uchir/Kischen Palmisano, VP*

4/3/00

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 - ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S	<input type="checkbox"/> Delete
NAME	Barboza, Olga Mercedes	
STREET ADDRESS	Urb Las Lomas Av Falcon Qta MI	
CITY-ST-ZIP	Querencia, San Cristoba, Venezuela	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	Branger, Henrique I	
STREET ADDRESS	**SEE BOX 12**	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003260131-1	
STREET ADDRESS	-05/19/00--0115--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Calle 5 Qta Mari Urb Merida	
CITY-ST-ZIP	San Cristobal, Venezuela	
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		

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:

Olga Mercedes Barboza
Olga Mercedes Barboza, Secretary

Date

Daytime Phone #

305-471-7666

CR2E034 (9/99)