

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040000

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90049 015 ***150.00

1. Entity Name
TAMA CORPORATION

Principal Place of Business C/O PENINSULA REGISTERED AGENTS. INC. 200 S. BISCAYNE BLVD., #4874 MIAMI FL 33131	Mailing Address C/O PENINSULA REGISTERED AGENTS. INC. 200 S. BISCAYNE BLVD., #4874 MIAMI FL 33131
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2. Principal Place of Business 7220 N.W. 36th ST	3. Mailing Address 7220 N.W. 36th ST
Suite, Apt. #, etc. 625	Suite, Apt. #, etc. 625
City & State Miami, FL	City & State Miami, FL
Zip 33166	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1003049	APPLIED FOR	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

**PENINSULA REGISTERED AGENTS, INC.
 200 S. BISCAYNE BLVD., #4874
 MIAMI FL 33131**

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DS BARBOZA, OLGA MERCEDES URB. LAS LOMAS, AV FALCON, QTA. MI QUERENCIA SAN CRISTOBAL, VENEZUELA	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HENRIQUE I BRANGER 2/12/01 305-592-1717

CR2E034 (10/00)