

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78495

1. Entity Name

TIGERTAIL CORPORATION

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

02-26-2000 90007 017 ***150.00

Principal Place of Business

2715 TIGERTAIL AVE
STE 408
MIAMI FL 33133
US

Mailing Address

1627 BRICKELL AVE
APT 1101
MIAMI FL 33129-1283
US

2. Principal Place of Business

3. Mailing Address

2750 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

MIAMI, FL.

Zip

Country

Zip

Country

33145-3200

USA

4. FEI Number

65-0207101

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

BENITEZ, VILMA
2750 CORAL WAY, SUITE 501
SUITE 201
MIAMI FL 33145

Name

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

City

FL

Zip Code

33145-3200

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)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BENITEZ, VILMA
STREET ADDRESS 1627 BRICKELL AVE, APT 1101
CITY-ST-ZIP MIAMI FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME BENITEZ, VILMA
STREET ADDRESS 2750 CORAL WAY, STE 201
CITY-ST-ZIP MIAMI, FL. 33145-3200

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

VILMA BENITEZ, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)