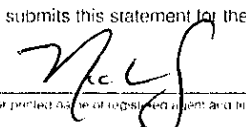
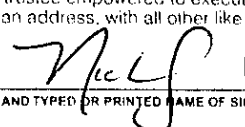


2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90994 038 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000092274			
1. Entity Name TAMARIND WAY CORPORATION			
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	
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 APPLIED FOR		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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  DATE 4-19-01 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS D TITLE NAME PAULLIER, PABLO ☐ Delete STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 CITY- ST- ZIP MIAMI, FL 33131 D TITLE NAME MAILHOS, CRISTINA ☐ Delete STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 CITY- ST- ZIP MIAMI, FL 33131		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE NAME STANHAM, NICHOLAS ☐ Change ☒ Addition STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 CITY- ST- ZIP MIAMI, FL 33131	
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: 		NICHOLAS STANHAM 04/19/01 (305) 374-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CP2E034 (11/00)