

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90519 034 ****61.25

DOCUMENT # 749701

1. Entity Name

TIGERTAIL PRODUCTIONS, INC.



Principal Place of Business
**842 NORTHWEST 9TH COURT
MIAMI FL 33136**

Mailing Address
**842 NORTHWEST 9TH COURT
MIAMI FL 33136**

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 **59-1968705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KRAMEL, JOHN -
900 NW 7TH STREET ROAD
MIAMI FL 33136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFT, MARY		NAME		
STREET ADDRESS	842 NW 9TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTLER, JUDITH		NAME	Gene Sulzberger	
STREET ADDRESS	1260 99TH STREET		STREET ADDRESS	SunTrust Bank 520 Crandon Blvd	
CITY-ST-ZIP	MIAMI FL 33154		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, LOIS		NAME		
STREET ADDRESS	13325 SW 95TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS Thomas Weinkle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKETT, GEORGINA		NAME	Vortex, 1522 SAn Ignacia #4	
STREET ADDRESS	300 NE SECOND AVENUE		STREET ADDRESS	Coral Gables, FL 33147	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BRENDA		NAME		
STREET ADDRESS	4109 WOODRIDGE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMEL, JOHN		NAME		
STREET ADDRESS	900 NW 7TH STREET ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **Mary Luft**

1/17/03 305 324 4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)