

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841098

1. Entity Name

TIGERVEST N.V. (INCORPORATED)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90032 025 ***150.00

Principal Place of Business

Mailing Address

% MARIANELA E. DE SUAREZ
1333 S. MIAMI AVE.. STE. 304
MIAMI FL 33130

% MARIANELA E. DE SUAREZ
1333 S. MIAMI AVE.. STE. 304
MIAMI FL 33130-4325

00015826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1934965

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

~~CORPORATION SERVICE COMPANY~~
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 ☐ Delete
NAME D
STREET ADDRESS AMACO, CURACAO N V
CITY-ST-ZIP KAYA W.F.G. (JOMBI) MENSING 36
CURACAO, NETH ANTILLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SALEH, RAYMUNDO P
CITY-ST-ZIP KAYA NIKIBOKO NORT 15 KRALENDIJK
BONAIRE NA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SALEH-CRAANE, ORFA PAULINA R
CITY-ST-ZIP KAYA NIKIBOKO NORT 15 KRALENDIJK
BONAIRE NA

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

AMACO (CURACAO) N.V.
Managing Director

27 JAN. 2000

599 9 4611299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)