## 2003 FOR PROFIT CORPORATION

## Mar 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F01000001672 **DOCUMENT #** 1. Entity Name TIGER VAC, INC. 03-28-2003 90079 006 \*\*\*150.00 Principal Place of Business Mailing Address 14 HEALEY AVENUE 14 HEĂLEY AVENUE **4 U U Z U Z U U** PLATTSBURGH NY 12901 PLATTSBURGH NY 12901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 14-1642152 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VITO, MARIANI Street Address (P.O. Box Number is Not Acceptable) ROYAL COAST CONDOS 2000S OCEAN BLVD., APT 10-C POMPANO BEACH FL 33062-8015 Zip Code City 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 1ARCH 21, 2003 SIGNATURE ne of registered agent and title if ap FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition TITLE □ Delete TITLE Change MIRIANI, ROCCO NAME NAME 3988 DE LA DUCHESSE STREET ADDRESS STREET ADDRESS LAVAL QUEBEC CANADA H7E -5H5 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 typice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED