

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90097 003 ***150.00

DOCUMENT # F19604

1. Entity Name
TIGAR AMERICAS CORPORATION

Principal Place of Business 8076 CORKY LN JACKSONVILLE FL 32244	Mailing Address 8076 CORKY LN JACKSONVILLE FL 32244-5324 US
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00037598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4562 Colonial Ave.	3. Mailing Address 4562 Colonial Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, Florida	City & State Jacksonville, FL
Zip 32210	Zip 32210
Country	Country

4. FEI Number 59-2140161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FAIRCHILD, RONALD D
701 FISK ST., STE. 310
JACKSONVILLE FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstalling) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PEROVIC, MILOS GENEX, ZDANOVA BELGRADE, YUGOSLAVIS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABUDOVIC, MILAN GENEX, ZDANOVA BELGRADE, YUGOSL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITIC, LJUBISA TIGAR, M. PIJADE 213 PIROT, YUGOSLAVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELJIC, SINISA TIGAR, M. PIJADE 213 PIROT, YUGOSLAVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SOKOLOVIC, BRANISLAV 39 BAYRD ST MALDEN MA 02148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANISLAV, KRTINIC GENEX, ZDANOVA BELGRADE, YUGOSLAVIA	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BRANISLAV SOKOLOVIC** (Signature), **04/17/00** Date, **781-397-8756** Daytime Phone #

CR2E034 (9/99)