

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90377 010 \*\*\*158.75

A0068091

DO NOT WRITE IN THIS SPACE

DOCUMENT # F19604

1. Entity Name

TIGAR AMERICAS CORPORATION  
 C/O Robert Schaffer

Principal Place of Business

Mailing Address

2. Principal Place of Business

2801 PONCE DE LEON BOULEVARD

3. Mailing Address

39 BAYRD St.

Suite, Apt. #, etc.

Suite 550

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

MALDEN, MA

4. FEI Number

59-2140161

Applied For

Not Applicable

Zip

33134

Country

US

Zip

02148-2017

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Ronald D. Fairchild  
 701 Fisk Street  
 Suite 310  
 Jacksonville, Florida 32204

7. Name and Address of New Registered Agent

Name

Robert J. Schaffer

Street Address (P.O. Box Number is Not Acceptable)

2801 PONCE DE LEON BOULEVARD

Suite 550

City

CORAL GABLES

FL

Zip Code

33134

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 Robert J. Schaffer

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

Robert J. Schaffer

(NOTE: Registered agent signature required when reinstating)

4/30/01

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, 2001 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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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: B. Sokolovic (BRANISLAV SOKOLOVIC), president 04/26/01 781-397 8756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)