

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90203 048 ***158.75

DOCUMENT # F19604

1. Entity Name
TIGAR AMERICAS CORPORATION

Principal Place of Business
2801 PONCE DE LEON BLVD
SUITE 550
CORAL GABLES FL 33134
US

Mailing Address
39 BAYRD ST
MALDEN MA 02148-2017
US

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
59-2140161

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFER, ROBERT J
2801 PONCE DE LEON BLVD
SUITE 550
CORAL GABLES FL 33134

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COB** ☒ Delete
NAME **PEROVIC, MILO**
STREET ADDRESS **GENEX, ZDANOVA**
CITY-ST-ZIP **BELGRADE, YUGOSLAVIA**

TITLE **COB** ☒ Change ☐ Addition
NAME **LUKIC IVICA**
STREET ADDRESS **10 PERE TODOROVICA**
CITY-ST-ZIP **BELGRADE, YUGOSLAVIA, 11000**

TITLE **D** ☒ Delete
NAME **LABUDOVIC, MILAN**
STREET ADDRESS **GENEX, ZDANOVA**
CITY-ST-ZIP **BELGRADE, YUGOSL**

TITLE **D** ☒ Change ☐ Addition
NAME **MILOJKOVIC MIRJANA**
STREET ADDRESS **8 INDIRE GANDI**
CITY-ST-ZIP **BELGRADE, YUGOSLAVIA, 11000**

TITLE **D** ☐ Delete
NAME **MITIC, LJUBISA**
STREET ADDRESS **TIGAR, M. PIJADE 213**
CITY-ST-ZIP **PIROT, YUGOSLAVIA**

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

TITLE **D** ☒ Delete
NAME **VELJIC, SINISA**
STREET ADDRESS **TIGAR, M. PIJADE 213**
CITY-ST-ZIP **PIROT, YUGOSLAVIA**

TITLE **D** ☒ Change ☐ Addition
NAME **NIKOLIC DRAGAN**
STREET ADDRESS **NIKOLE PASICA, 213**
CITY-ST-ZIP **PIROT, YUGOSLAVIA, 18300**

TITLE **DPT** ☐ Delete
NAME **SOKOLOVIC, BRANISLAV**
STREET ADDRESS **39 BAYRD ST**
CITY-ST-ZIP **MALDEN MA 02148**

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

TITLE **S** ☐ Delete
NAME **BRANISLAV, KRTINIC**
STREET ADDRESS **GENEX, ZDANOVA**
CITY-ST-ZIP **BELGRADE, YUGOSLAVIA**

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

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 04/20/02 781-397-8756
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)