

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/5

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90011 049 \*\*\*150.00

**DOCUMENT # H65933**

1. Entity Name  
**TIAB CORPORATION**

Principal Place of Business

Mailing Address

3436 MARINATOWN LANE  
 N. FORT MYERS FL 33903

3436 MARINATOWN LANE  
 N. FORT MYERS FL 33903-7058

2. Principal Place of Business

1313 sw 1 street

3. Mailing Address

1313 sw 1 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Fla.

4. FEI Number

65-0706459

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

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

~~BERTI, TIMOTHY A.~~

~~3436 MARINATOWN LANE  
 N. FORT MYERS FL 33903~~

Name

Federico A. Dumerigo

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

1313 sw 1 street

City

Miami

FL

Zip Code

33135

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

*Federico Dumerigo*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BERTI, TIMOTHY A.	
STREET ADDRESS	3436 MARINATOWN LANE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Federico A. Dumerigo	
STREET ADDRESS	1313 sw 1 street	
CITY-ST-ZIP	Miami, Fla. 33135	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisca Dumerigo	
STREET ADDRESS	1313 sw 1 street	
CITY-ST-ZIP	Miami, Florida 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Federico Dumerigo*

6/21/00 (305) 631-1332

CR2E034 (9/99)