

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90405 010 ***150.00

DOCUMENT # H 77090

1. Entity Name

TIG ENTERPRISES, INC. ✓

Principal Place of Business

Mailing Address

(SAME)

5140 N.E. 29th AVE.
 LIGHTHOUSE POINT, FL 33064

C0068742

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

59-2592914

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

PASSALACQUA, ANTHONY
 5140 N.E. 29th AVE.
 LIGHTHOUSE POINT, FL 33064

Name

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

5140 N.E. 29th AVE.

City

LIGHTHOUSE PT.

FL

Zip Code

33064

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

Anthony Passalacqua

ANTHONY
 PASSALACQUA

4/27/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD Delete
 NAME: PASSALACQUA, ANTHONY
 STREET ADDRESS: 5140 N.E. 29th AVE.
 CITY-ST-ZIP: LIGHTHOUSE PT., FL 33064

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 5140 N.E. 29th AVE.
 CITY-ST-ZIP: LIGHTHOUSE PT., FL 33064

TITLE: VSD Delete
 NAME: PASSALACQUA, CATHERINE
 STREET ADDRESS: 5140 N.E. 29th AVE.
 CITY-ST-ZIP: LIGHTHOUSE PT., FL 33064

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 5140 N.E. 29th AVE.
 CITY-ST-ZIP: LIGHTHOUSE PT., FL 33064

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

Anthony Passalacqua

ANTHONY
 PASSALACQUA

4/27/01

(954)
 427-7852

CR2E034 (9/99)