

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90096 007 ***150.00

DOCUMENT # J28079

1. Entity Name
TIGAS, INC.

Principal Place of Business

**1030 S FEDERAL HWY
 100
 HOLLYWOOD FL 33020
 US**

Mailing Address

**C/O KRON CHOCOLATIER
 19575 BISCAYNE BLVD STORE #1711
 ADVENTURE FL 33180
 US**



2. Principal Place of Business

1000 BOARDWALK

3. Mailing Address

C/O KASKY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2830 FAIRWAY DR

City & State

ATLANTIC CITY, NJ

City & State

HOLLYWOOD, FL

Zip

Country

USA

Zip

33021

Country

USA

4. FEI Number

59-2706858

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

**KASKY, ROBERT A.
 2830 FAIRWAY DR
 HOLLYWOOD FL 33021**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DANZANSKY, CAROLYN**
 STREET ADDRESS **21213 NE 38TH AVE**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE **VPD** ☐ Delete
 NAME **KASKY, NANCY C.**
 STREET ADDRESS **2830 FAIRWAY DR**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

Daytime Phone #

CR2E034 (9/01)