

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90020 025 ***150.00

DOCUMENT # K31442

1. Entity Name
TARMAINE, INC.

Principal Place of Business
**C/O MACHIKO HAIR SALON
 550 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address
**C/O MACHIKO HAIR SALON
 550 BILTMORE WAY
 CORAL GABLES FL 33134-5730**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0071835**

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

6. Name and Address of Current Registered Agent
**PADIAL, JOSE I.
 999 PONCE DE LEON BLVD. #715
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 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 *Machiko Nagata* owner DATE **5-1-00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P NAGATA, MACHIKO 550 BILTMORE WAY CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Machiko Nagata* DATE **6-21-00** DAYTIME PHONE **305-445-885**

CR2E034 (9/99)