

**2002 UNIFORM BUSINESS REPORT (BR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90224 040 \*\*\*150.00

**DOCUMENT # K31442**

1. Entity Name  
**TARMAINE, INC.**

Principal Place of Business  
**550 BILTMORE WAY  
 CORAL GABLES FL 33134**

Mailing Address  
**999 PONCE DE LEON  
 #715  
 CORAL GABLES FL 33134**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 City & State

4. FEI Number **65-0071835** Applied For  
 Not Applicable

Zip Country Zip Co. 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**

**PADIAL, JOSE I**  
**999 PONCE DE LEON BLVD. #715**  
**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 regist office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered 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!!! FB \$150.00**  
~~After May 1, 2002 Fall 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**

**1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	T	ADDRESS	ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>NAGATA, MACHIKO</b>	<b>550 BILTMORE WAY</b>	<b>CORAL GABLES FL 33134</b>	<input type="checkbox"/>				
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

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: *SXG M Nagata* Date: 1-15-02 Daytime Phone #: 305 445-7886

CR2E034 (9/01)