

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02565

1. Entity Name

TANVERGE CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90068 046 ***150.00

Principal Place of Business

14025 NW 58TH COURT
MIAMI LAKES FL 33014-3116

Mailing Address

14025 NW 58TH COURT
MIAMI LAKES FL 33014-3116

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 59-2431340

Applied For

Not Applicable

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

DENNISON, JOHN
15700 NW 67 AVE
SUITE 200
MIAMI LAKES FL 33014

Name Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave

Suite 125

City Coral Gables

FL

Zip Code 33146

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.

ATRIUM REGISTERED AGENTS, INC.

SIGNATURE *Robert A. Stamen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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 DV ☐ Delete
NAME THORNE, VERONIKA
STREET ADDRESS 2625 SEA ISLAND DR
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE DP ☐ Delete
NAME THORNE, GEORGE
STREET ADDRESS 2625 SEA ISLAND DR
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE STD ☐ Delete
NAME ORTIZ, TATIANA
STREET ADDRESS 14025 NW 58 COURT
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE D ☐ Delete
NAME HEDIGER, VALERIE
STREET ADDRESS 2823 OAKBROOK DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4000 NE 25TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4/17/00 3058223223

CR2E034 (9/99)