

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02565

1. Entity Name

TANVERGE CORPORATION

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33148

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

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

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

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

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

TITLE D ☐ Delete
NAME HEDIGER, VALERIE
STREET ADDRESS 4000 NE 25TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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 STD ☒ Change ☐ Addition
NAME GROTENDORST, TATIANA
STREET ADDRESS 2620 OAK PARK CIRCLE
CITY-ST-ZIP DAVIE, FL 33328

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

TITLE ☐ Change ☐ Addition
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 #

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90026 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2431340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)