

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M11234**

1. Entity Name

TMV CORPORATION**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90041 050 ***150.00

Principal Place of Business

**4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146
US**

Mailing Address

**4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146-1830
US**

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 **59-2496561**

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

**TERPENING, ROBERT J
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

Name

JAVIER DALMAU

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

4401 PONCE DE LEON BLVD

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAVIER DALMAU - V**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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PDC DALMAU, JORGE 4401 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD DALMAU, AURORA G. 4401 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT DALMAU, JORGE ALBERTA 4401 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS TERPENING, ROBERT J 4401 PONCE DE LEON BLVD CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V DALMAU, JAVIER 4401 PONCE DE LEON BLVD CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	V LAURA DALMAU 4401 PONCE DE LEON BLVD CORAL GABLES FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)