

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90116 026 ***150.00

DOCUMENT # M60943

1. Entity Name

TARM COMPANY

Principal Place of Business

**200 MIRACLE MILE
CORAL GABLES FL 33134**

Mailing Address

**200 MIRACLE MILE
CORAL GABLES FL 33134**

2. Principal Place of Business

350 miracle mile

Suite, Apt. #, etc.

3. Mailing Address

350 miracle mile

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

City & State

Coral Gables, FL

Zip

33134

Country

4. FEI Number

65-0007427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

**BOLANOS, JOSE A
2121 PONCE DE LEON BLVD
SUITE 1035
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

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 **PTD** ☐ Delete
NAME **MIRANDA, JORGE L.**
STREET ADDRESS **1123 OBISPO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VPS** ☐ Delete
NAME **MIRANDA, LILLIAN M**
STREET ADDRESS **1123 OBISPO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

4-3-01 (305)444-7318
Date Daytime Phone #

CR2E034 (10/00)

016257