## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000009733  1. Entity Name  TAMBURELLO INDUSTRIES, INC.					Secretary of State 02-20-2002 90040 037 ***150.00		
Principal Plac	RIDGE CIR.	Mailing Address 4106 SABAL RIDGE CIR.					
WESTON FL	33331	WESTON FL 33331			A NOCHIOGO ANI OTTAL DANIN COMI OCNIN COMI COMI OCNIN DANIO ARNIO ARNIO NACEDI MIREE CARE LOCA		
2. Principal P	ctoria Fole Drive	3. Mailing Address  37 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Isle Die	<u> </u>	DO NOT WRITE IN THIS SPACE		
City & State Westen Florida Westen Florid				4.	FEI Number 65-0983362 Applied For Not Applicab		
Zip 3332		Zip 33327	Country USA	5.	Certificate of Status Desired		
	6. Name and Address of Current Re	gistered Agent	Nema	7	Name and Address of New Registered Agent		
TEW, JEF 210 S. Bi	FREY SCAYNE BLVD., SUITE 2960		Street Add	ha-/es	Box Number is Not Acceptable)		
MIAMI FL 33131			<u> </u>	City, 1 / El Zip Code			
9 The shows	paged option submits this statement for the	as always of abancies its	We		FL   33327		
	named entity submits this statement for the	ie purpose or changing its r	egistered dilice or re	agistered ag	igent, 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 r	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!!! F  After May 1, 2002 I  Make Check Payable to				0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
11	OFFICERS AND DI	RECTORS	12.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMBURELLO, CHARLES 4106 SABAL RIDGE CIRCLE WESTON FL 33331	☐ Delete	NAME STREET ADDRESS	D Eurobu 1371 VI Uesto	· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. 10.11.12	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Change Addition		
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that me ered to execute this report a	y signature shall hav	e the same	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orlda Statutes; and that my name appears in Block 11 or Block 12 in		