

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90106 049 ***150.00

1. Entity Name
TRIBUTARIA CORPORATION

02-28-2001 90106 049 ***150.00

Principal Place of Business
444 BRICKELL AVENUE, SUITE 750
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE, SUITE 750
MIAMI, FL 33131

2. Principal Place of Business 20630 BISLAYNE BLVD Suite, Apt. #, etc.	3. Mailing Address 20630 BISLAYNE BLVD Suite, Apt. #, etc.
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City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33180	Country	Zip 33180	Country

4. FEI Number	125-1023373	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLENNIA CONSULTING SERVICES, INC.
444 BRICKELL AVE., SUITE 750
MIAMI FL 33131

Name _____

Street Address (P.O. Box Number is Not Acceptable)
JOG.30 BISCAYNE BLVD

City AVENTURA FL Zip Code 33180

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD
NAME	MACCHIONE, MARCOS N
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 750
CTY - ST - ZIP	MIAMI FL 33131

TITLE	<input type="text"/>	<input type="button" value="Delete"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY - ST - ZIP	<input type="text"/>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		


TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Datu

Daytime Phone # _____

CB2E034 (10/00)