

## AMENDMENT

## 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P 00000071592</b> 1. Entity Name <b>TARNAY INTERNATIONAL, INC. (AMENDMENT)</b>				<b>FILED</b> <b>01 SEP 20 PM 12:42</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="background-color: black; width: 200px; height: 30px; margin: 10px auto;"></div> DO NOT WRITE IN THIS SPACE	
Principal Place of Business 7301 NW 41 Street Suite D Miami, FL 33166		Mailing Address 7301 NW 41 Street Suite D Miami, FL 33166		4. FEI Number <b>65-1088083</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		6. Name and Address of Current Registered Agent <b>MARQUEZ, JOSE M., Esq.</b> <b>782 NW LEJEUNE RD, SUITE 548</b> <b>MIAMI FL</b>	
City & State		City & State			
Zip		Country			
Country		Country			
City & State		City & State		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300004609703--3</b> <b>-03/25/01--01017--0114</b> City <b>*****1.2 FL ***094.25</b>	
Zip		Country			
Country		Country			
City & State		City & State			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>TARNAY, Carmen L.</b> <b>1124 SW 131 Place Circle North</b> <b>Miami, FL 33184</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TARNAY, Carolina</b> <b>1124 SW 131 Place Circle North</b> <b>Miami, FL 33184</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE *Carmen L. Tarnay* Carmen L. Tarnay, President 09/11/2001 (305) 639-2512