

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000073753**1. Entity Name
TYNMAR CORPORATION

Principal Place of Business

2130 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI FL 33131

Mailing Address

2130 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI FL 33131

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

65-1032165

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI FL 33131 US

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 _____ 04/18/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Delete
NAME	MURPHY PATRICK	
STREET ADDRESS	2130 SUNTRUST INTERNATIONAL CENTER	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ Delete
NAME	DAY VIVIENNE	
STREET ADDRESS	2130 SUNTRUST INTERNATIONAL CENTER	
CITY-ST-ZIP	MIAMI FL 33131	
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	VS	☐ Change ☒ Addition
NAME	DAY CHRISTOPHER	
STREET ADDRESS	ONE SOUTHEAST THIRD AVENUE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DV	☒ Change ☐ Addition
NAME	MURPHY PATRICK	
STREET ADDRESS	ONE SOUTHEAST THIRD AVENUE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DPT	☒ Change ☐ Addition
NAME	DAY VIVIENNE	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: CHRISTOPHER DAY

V

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)