

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088936

1. Entity Name

TAMARANA CORPORATION

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90015 001 ***300.00

Principal Place of Business

901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

4 2 4 2 4

2. Principal Place of Business

2745 Ponce de Leon Pk

3. Mailing Address

2745 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL

City & State

Coral Gables

4. FEI Number

Applied for

Applied For

Not Applicable

Zip

33134

Country

DADE / USA

Zip

33134

Country

DADE / USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Name

MARCOS SANTANA

Street Address (P.O. Box Number is Not Acceptable)

2745 Ponce de Leon Blvd.

City

Coral Gables FL

Zip Code

33134

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 **D** ☐ Delete
NAME **SANTANA, MARCOS**
STREET ADDRESS **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

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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 reports 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

Date

Daytime Phone #

CR2E034 (10/00)