

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0103115 AV

DOCUMENT # P00000091887

1. Entity Name

TAM INTERNATIONAL, INC.

Principal Place of Business

**5811 WEST VINE STREET
 KISSIMMEE FL 34746**

Mailing Address

**5811 WEST VINE STREET
 KISSIMMEE FL 34746**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5255 IMAGES CR #307

Kissimmee FL

34746



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1073428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ
 5728 MAJOR BLVD SUITE 265
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Tamer ATA**

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

5255 IMAGES CR #307

City

Kissimmee

FL

Zip Code

34746

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

TAMER ATA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/01

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: \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ATA, TAMER**
 CITY-ST-ZIP **5811 WEST VINE STREET
 KISSIMMEE FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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 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:

TAMER ATA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/01

CR2E034 (5/01)

attachment
D#
BU063017

Tam International, Inc.
5255 Images Cir #307
Kissimmee, FL 34746

August 22, 2001

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam,

2001 ANNUAL REPORT

DOCUMENT NUMBER: P00000091887

We refer to the above matter. Please note that this is the first time we received the 2001 annual report from you. The first report must be lost in the mail due to the change of principal place of business.

Enclosed please find the check of \$150.00 for 2001 filing fees and we would appreciate if you could kindly waived the penalty due to our first time doing business in the state of Florida.

Please make sure you change our mailing address as shown in the report.

Thank you.

Yours truly,

X Tamer ATA
Tamer ATA/President