5/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
05-02-2002 90130 012 ***150.00

DOCUMENT # P00000092274

1. Entity Name
TAMARIND WAY CORPORATION

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

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 41-205199[illegible] APPLIED FOR ☐ Applied For ☐ Not Applicable

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
TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULLIER, PABLO 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAILHOS, CRISTINA 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STANHAM, NICHOLAS 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED Nicholas Stanham 8/1/02 (305) 374-3500.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

FREEMAN, BUTTERMAN, HABER, ROJAS & STANHAM, LLP.

ATTORNEYS AT LAW

Stephen A. Freeman, P.A*
Michael D. Butterman **
Robert M. Haber, P.A
Marco E. Rojas, P.A.
Nicholas Stanham, P.A.
Lance Geller
Sidney Menezes ***

* Also admitted in New York
** Only admitted in New York
*** Also admitted in Brazil

[redacted] 41605

Of Counsel:

Alan S. Fine
Edward A. Licitra
Jonathan R. Rosenn
Juan C. Martinez
Jose M. Ferrer

July 18th, 2002

Florida Department of State Division of Corporation
Attn: Uniform Business Reports
409 East Gaines Street
Tallahassee, FL 32399

Re: Tamarind Way Corporation, document #P00000092274

Dear Sirs:

Pursuant to my telephone conversation of today with Ms. Michelle Milligan, please find enclosed the copy of the **2002 Uniform Business Report for Tamarind Way Corporation**, which was filed in a timely manner. This week, we received a new Uniform Business Report for filing stating that the company has accrued a $400.00 penalty. Please note that we **never** received a letter of rejection for the same, therefore we were not aware that the company's Uniform Business Report for 2002 had been rejected.

We would greatly appreciate it if you would kindly remove the penalty fee from the company in reference.

Thank you for your help and cooperation with this matter.

Kind regards,

Lucia C Cabrales
Corporate Account Manager

520 Brickell Key Drive, Suite O-305, Miami, FL 33131 Tel: (305) 374-3800 Fax: (305) 374-1156
e-mail: firm@fbhr.com
World Wide Web http://fbhr.com

Attachment

[redacted] 41605

Application for Employer Identification Number

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN P0000092274

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
TAMARIND WAY CORPORATION

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
520 Brickell Key Drive, Ste 0-305

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, Florida 33131

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Cristina Mailhos — Copy of Passport

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- [X] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ►
- [X] Other (specify) ► Corporation
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Other corporation (specify) ►
- [ ] Trust
- [ ] Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: Florida

Foreign country:

9 Reason for applying (Check only one box.) (see instructions)

- [X] Started new business (specify type) ►
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a pension plan (specify type) ►
- [ ] Banking purpose (specify purpose) ►
- [ ] Changed type of organization (specify new type) ►
- [ ] Purchased going business
- [ ] Created a trust (specify type) ►
- [ ] Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
September 29, 2000

11 Closing month of accounting year (see instructions)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ►

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ►

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► Real Estate Holding

15 Is the principal business activity manufacturing? [ ] Yes [X] No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
[ ] Public (retail) [ ] Other (specify) ► [ ] Business (wholesale) [X] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (305) 374-3800

Name and title (Please type or print clearly.) ► Cristina Mailhos, Vice President

Fax telephone number (include area code): (305) 374-1156

Signature ► X [signature] Date ► 7/17/2002

Note: *Do not write below this line. For official use only.*

Ind.	Class	Size	Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form SS-4 (Rev. 4-2000)

07/18/2002 THU 14:37 FAX 3053743491 FBHR&S 001

Attachment [redacted] 41605
#P00000092874

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*** TX REPORT ***
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TRANSMISSION OK

JOB NO.	2891
DESTINATION ADDRESS	12155163990
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	07/18 14:35
USAGE T	01'04
PGS.	5
RESULT	OK

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Internal Revenue Service

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EIN

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4b City, state, and ZIP code
Miami, Florida 33131

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Copy of Pas
Cristina Mailhos

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Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☒ Other (specify) ► Corporation
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Other corporation (specify) ►
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ►
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
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