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P00000098950

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -8 AM 7:58

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098950
TIGERTAIL HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

7150 NW 36 Ave		7150 NW 36 Ave		02-11-02 90189 007 $150.00
		7150 NW 36 Ave		DO NOT WRITE IN THIS SPACE
Miami	FL	Miami, FL		4. FEI # 65-1058901
33147	USA	33147	USA	☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Name: John Paul Arcia
Street Address (P.O. Box Number is Not Acceptable): 7150 NW 36 Avenue
City: Miami FL Zip Code: 33147

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: _____ 1/23/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN P. ARCIA 7150 NW 36 Avenue Miami, FL 33147	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #