

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90064 030 \*\*\*150.00

**DOCUMENT # P00000110890**

1. Entity Name  
**TARTARUGA, CORP.**

Principal Place of Business  
**210 NE 71 STREET SUITE 315**  
**MIAMI BEACH FL 33141**

Mailing Address  
**210 NE 71 STREET SUITE 315**  
**MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**900 BAY DRIVE-**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**421**

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH FL.**

City & State

4. FEI Number **65-1064989**

Applied For  
 Not Applicable

Zip **33141** Country **DOOE**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**GREEN, JERRY**  
**9200 SOUTH DADELAND BLVD SUITE 700**  
**MAIMI FL 33156**

**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

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, 2002 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 **P** ☐ Delete  
 NAME **RODRIGUEZ, MARIA CLAUDIA**  
 STREET ADDRESS **210 31ST STREET STE 313**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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 **PRESIDENT**  
 STREET ADDRESS **KRELL, MARIA CLAUDIA**  
 CITY-ST-ZIP **900 BAY DRIVE-SUITE 421**  
**MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOURDAY 2/5, 2002** **(305) 866-8611**  
 Date Daytime Phone #

CR2E034 (9/01)