

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000112864

1. Entity Name
TANGLEVIEW, INC.



Principal Place of Business

800 DOUGLAS RD
SUITE 500
CORAL GABLES, FL 33134

Mailing Address

800 DOUGLAS RD
SUITE 500
CORAL GABLES, FL 33134



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1060599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000831897
02/27/08-80035-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STUZIN, CHARLES B
STREET ADDRESS 800 DOUGLAS RD STE 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DS
NAME STUZIN, DANIEL M
STREET ADDRESS 800 DOUGLAS RD STE 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME STUZIN, DANIEL M
STREET ADDRESS 800 DOUGLAS RD STE 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME STUZIN, LAURA
STREET ADDRESS 800 DOUGLAS RD STE. 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE AS
NAME BLANCO, CARY
STREET ADDRESS 800 DOUGLAS RD STE. 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 (305) 774-0454
Date Daytime Phone #