

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90131 001 ***300.00

DOCUMENT # P01000049086

1. Entity Name

TIGERTAIL CATS, INC.

Principal Place of Business

Mailing Address

**C/O LINDA LARREA PA
 2300 CORAL WAY SUITE 111
 MIAMI FL 33145**

**C/O LINDA LARREA PA
 2300 CORAL WAY SUITE 111
 MIAMI FL 33145**

2. Principal Place of Business

c/o Aileen Ortega, P.A.

3. Mailing Address

c/o Aileen Ortega, P.A.

2420-Coral-Way

2420-Coral Way

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1105054

Applied For

Not Applicable

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

**DADE CORPORATE SERVICES, INC.
 2300 CORAL WAY SUITE 103
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Aileen Ortega, P.A.

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

2420 Coral Way

City

Miami,

FL

Zip Code
33145

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)
 Signature of Registered Agent or Registered Agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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	D	<input type="checkbox"/> Delete
NAME	CAMPS, RODOLFO	
STREET ADDRESS	2300 CORAL WAY SUITE 111	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodolfo Camps	
STREET ADDRESS	2420 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horacio Montes	
STREET ADDRESS	2420 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02

(305)

856-2884

CR2E034 (9/01)