FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100689

1. Entity Name

TAMICA CORPORATION

668880

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14281 SW 153 AVE	14281 SW 153 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33196 Country: U.S.	Zip: 33196 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LEE SCHMACHTENBERG

Street Address (P.O. Box Number is Not Acceptable): 1533 SUNSET DRIVE 201

City: CORAL GABLES FL Zip Code: 33143

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 _____ 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)

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. **NO** ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CARLOS JOSE MUNOZ
STREET ADDRESS	14281 SW 153 AVE
CITY-ST-ZIP	MIAMI FL 33196
TITLE	VICE-PRESIDENT / SECRETARY
NAME	MIRIAM RAMIREZ
STREET ADDRESS	14281 SW 153 AVE
CITY-ST-ZIP	MIAMI FL 33196
TITLE	TREASURER
NAME	TATIANA MUÑOZ
STREET ADDRESS	14281 SW 153 AVE
CITY-ST-ZIP	MIAMI FL 33196
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: _____ 05/07/2002 (305) 255-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #