

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90039 010 ***150.00

DOCUMENT # P01000100689

1. Entity Name

TAMICA CORPORATION
% Miriam Ramirez



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14281 S.W. 153RD AVE.

3. Mailing Address

14281 S.W. 153RD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33196

Country

US

Zip

33196

Country

US

4. FEI Number

01-0576865

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

CONAL 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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT / VICE-PRESIDENT / SECRETARY**
NAME **TREASURER**
STREET ADDRESS **MIRIAM RAMIREZ**
CITY-ST-ZIP **14281 S.W. 153RD AVE MIAMI, FL 33196**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

(305) 255-7881

Daytime Phone #

CR2E034B (12/02)