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

DOCUMENT # P01000/00489 TAMICA CORPORATION % Miriam RAMINEZ



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

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2. Principal Place of Business 3. Mailing Address

14281 S.W. 15314 AVE.	14281 5.16.1530	10 Ave-		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State MIAMI, Florida	City & State Mi Ami Floric) A	4. FEI Number 01 - 0576865	Applied For Not Applicable
Zip Country 33.194 US:	ZipCountr	rv		\$8.75 Additional Fee Required
			Name and Address of Current Registered	l Agent
		Name LEE	SCH MACHTENB	eng
DO NOT W	RITE). Box Number is Not Acceptable).	
IN THIS SP	ÀCE -	1533	SUNSET DRIVE	<u> 注 20)</u>
	AVE			
		City Conai	LABLES FL	Zip Code
8. The above named entity submits this statement for	the purpose of changing its registered			amiliar with, and accept
the obligations of registered agent				
SIGNATURE.				
Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Registered	Agent signature required whe	en reinstating) DATE	
January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of	State		Trust Fund Contribution.	
10. OFFICERS AND E	SECTION CONTRACTOR CON			
TITLE PRESIDENT/VICE-PRES	DENT STEZNETHME TITLE			
NAME TREASURER,	NAME			A. A. San Anna San Francisco
STREET ADDRESS MIRIAM RAMIN CITY-ST-ZIP 14881 520. 153 RO DO	E MIANI, FL 33194 CITY S	T ADDRESS ST- ZIP		
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NAME OTOEKY NORDEGO	NAME			Marie Carlo Marie Carlo
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STREET ADDRESS	NAME	TADDRESS		
STREET ADDRESS CITY-ST-ZIP		TADDRESS ST-ZIP		

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 trusted 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: 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR