

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09000079736

1. Entity Name
Tamare Special Projects, Inc.



FILED

04 JUN 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1291 NW 140th St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
N. Miami, FL

City & State

Zip
33161

Country

Zip

Country

REINSTATEMENT 03-04

4. FEI Number
22-3859692

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
Alonzo, Francisco

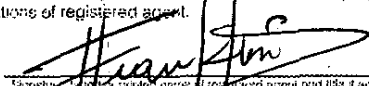
Street Address (P.O. Box Number is Not Acceptable)
1291 NW 140th Street

City
N. Miami

FL

Zip Code
33161

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:  DATE: **06/29/04--01074--001 **300.00** *E.M.*

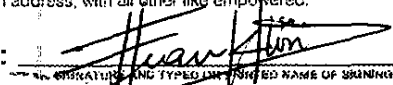
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Alonzo, Francisco 1291 NW 140th Street N. Miami, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000038430670 06/29/04--01074--001 **300.00
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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:  DATE: _____

CR2E0346 (12/02)

2052

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003, 2004 or any other notice from the Division of Corporations in respect with the Corporation **TAMARE SPECIAL PROJECTS, INC.**

Thank you for your courtesy in this matter.


FRANCISCO ALONZO
PRESIDENT