1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000079736

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

REINSTATEMENT 03-04. WOP

2. Principal Place of Business	3. Mailing Address
1291 NW 140th St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State
Zip: 33161 Country	Zip Country

4. FEI Number: 22-3859693 ☐ 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.

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

SIGNATURE: [signature] Signature of new 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	P
NAME	Alonzo, Francisco
STREET ADDRESS	1291 NW 140th street
CITY-ST-ZIP	N. Miami, FL 33161
TITLE	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: [signature] FOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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