

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP -2 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400022928584
09/10/03--01044--006 **150.00

DOCUMENT # P02000126205

1. Entity Name
TAMA INTERNATIONAL, INC.



Principal Place of Business
799 CRANDON BLVD. #1004
KEY BISCAVNE, FL 33149

Mailing Address
799 CRANDON BLVD. #1004
KEY BISCAVNE, FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
41-2069778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGOSTINI, MARCELLO
799 CRANDON BLVD. #1004
KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.26
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	PSTD	<input type="checkbox"/> Delete
NAME	AGOSTINI, MARCELLO	
STREET ADDRESS	799 CRANDON BLVD. #1004	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcello A. Agostini* **3/11/2003** **305-361-6387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayenne Phone #

CR2E034 (10/02)

Attachment#



OCARIZ, GITLIN
& ZOMERFELD, LLP
CERTIFIED PUBLIC ACCOUNTANTS

August 6, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Tama International, Inc.
EIN# 41-2069778
Document# P02000126205

The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on March 11, 2003 and more than four months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Hiram D. Ocariz, C.P.A.

For the firm

999 Ponce de Leon Blvd.
Suite 1045
Coral Gables, FL 33134

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Fax 305.444.8280

5415 Mariner Street
Suite 215
Tampa, FL 33609

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Fax 813.636.9223

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Members of:

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

National Association of
Certified Valuation Analysts

HO/an

Encl.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**