

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036298

1. Entity Name

TIGER MARKETING & SALES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90199 016 ***150.00

Principal Place of Business

6813 SW 81 TERR
MIAMI FL 33143
US

Mailing Address

6813 SW 81 TERR
MIAMI FL 33146-2918
US

2. Principal Place of Business

2736 W. 79TH STREET

Suite, Apt. #, etc.

3. Mailing Address

472 S. DIXIE HWY

Suite, Apt. #, etc.

PB M #551

City & State

MIAMI FL

City & State

MIAMI GABLES, FL

Zip

33016

Country

DADE

Zip

33146

Country

DADE

4. FEI Number

65-0414826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINS, B.J.
400 SOUTHEAST EIGHT ST
FT LAUDERDALE FL 33316

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MEDINA, PETE
10131 ROE AVE
OVERLAND PARK KS 66207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CARLOS, NINO
8460 SW 154 CIR CT. #115
MIAMI FL 33193 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MEDINA, KIM
10131 ROE AVE
OVERLAND PARK KS 66207 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)